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OUR DRUG CRISIS: WHERE DO WE GO FROM HERE?

HEARING

BEFORE THE

COMMITTEE ON GOVERNMENT REFORM

HOUSE OF REPRESENTATIVES

ONE HUNDRED SIXTH CONGRESS

FIRST SESSION

JANUARY 22, 1999

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OUR DRUG CRISIS: WHERE DO WE GO FROM HERE?

THURSDAY, JANUARY 22, 1999

HOUSE OF REPRESENTATIVES,
COMMITTEE ON GOVERNMENT REFORM,
Winter Park, FL.

The committee met, pursuant to notice, at 10:06 a.m., in the Lake Howell High School, 4200 Dike Road, Winter Park, FL, Hon. John Mica (chairman of the Subcommittee on Criminal Justice, Drug Policy, and Human Resources) presiding.

Present: Representatives Mica and Ose.

Staff present: Sharon Pinkerton, deputy staff director, Sean Littlefield, professional staff member; Amy Davenport, clerk, Subcommittee on Criminal Justice, Drug Policy, and Human Resources; and Michael Yeager, minority counsel, Committee on Government Reform.

Mr. MICA. Good morning. I would like to call this meeting to order. I am pleased to welcome each and every one of you to this field hearing of the Committee on Government Reform of the U.S. House of Representatives.

I am pleased to welcome from California my colleague, Mr. Doug Ose, who is also a member of this panel for this field hearing. We were to be joined by two other Members, Congresswoman Brown from Florida and Congressman Souder from Indiana, however, we brought back from Washington a terrible head cold and a little bit of flu, but we are delighted that Congressman Ose could join us from California today.

We will proceed with the hearing.

We are also joined here this morning, representing the minority, Michael Yeager, minority counsel. We are pleased to have him here.

I also appreciate the cooperation of our new ranking member of the subcommittee, members from the minority side, who were just appointed on Wednesday. Congresswoman Patsy Mink from Hawaii, who I met with yesterday in Washington, is going to be our new ranking member. Unfortunately, she could not be with us today, however, she will be joining us in the future and I look forward to working with Mrs. Mink on this important subcommittee assignment.

We are also joined by our deputy staff director of the subcommittee, Sharon Pinkerton.

This morning, we will begin the hearing, I will start with an opening statement, then yield to Congressman Ose. We will also

submit any other statements for the record, then we will go into our first panel of witnesses who have joined us.

Again, it is my pleasure this morning to welcome everyone to this hearing. I would like to welcome our distinguished witnesses and again thank those who have helped make this hearing possible today, particularly Don Smith and the staff of Lake Howell High School who have accommodated us to hold this hearing in a very appropriate setting, and that is this high school in our community.

In central Florida and many other communities of America, we are facing an illegal drug epidemic. Illegal drugs have had a devastating impact on our communities, our families and on those who fall victims to their use. Too often here in central Florida, our children are victims of heroin, cocaine and other hard drugs. Just recently we have seen incidents where not only our children but our law enforcement agencies have been affected, even those who are in prison and behind bars now we find have access to drugs in our community. So this epidemic has reached every corner of our society and our community. That is why I have chosen to undertake the chairmanship of the subcommittee in Congress that is chiefly responsible for oversight of our national drug policy. Until last month, this subcommittee was the direct responsibility of our new Speaker, Congressman Dennis Hastert who has assumed a very important position of leadership and will closely monitor the work of the subcommittee.

Today's hearing is the first in a series of hearings our subcommittee will conduct to deal with the drug crisis in America. We will hear from those in central Florida and across the United States about how drugs affect the communities we live in and the people we love. There is no question about it—we started this campaign in our schools last year, and this says it all, drugs destroy lives. It is a simple hard, cold fact, and that is why I am personally committed to this fight and why I am pleased to be conducting this first hearing in our community.

For the record, the Drug Enforcement Administration estimated that drugs snuffed out more than 14,000 American lives last year. Most of those individuals were our young people. We have seen that here in central Florida. Recent reports show the number of deaths from heroin overdoses and other hard drugs actually outpace homicide. Some of you may have seen that headline a few weeks past. Central Florida has been ravaged by the effect of illegal drugs, there is no question about it. Whether you talk to parents, teachers, law enforcement officers or those running treatment programs—and we will hear from some of those folks today—they will all tell you the same thing, we have a very serious problem here in our community and across the land.

Cheap, pure Colombian heroin and hard Mexican drugs, together with deadly crack cocaine, methamphetamine and other designer drugs are wreaking havoc on the lives of our children and our families. These drugs feed into central Florida's crime statistics and fray the very fabric of our society.

I cannot tell you how important I believe this issue is to me, and I believe it is also critical to the future of our Nation and our very society. That is why I have chosen to start this first hearing here at home, and with this and other hearings, we will collect the very

best answers, the very best information, examining what works and what does not work from those of you who are on the front lines across America and overseas that are in this battle. My hope is to craft legislation and adopt measures that will deliver real solutions.

Over the past 18 years, I have seen policies that have worked and policies that have failed. Unfortunately, the threat today is far more serious than it was 18 years ago when I first became involved in this war on drugs, and unfortunately today the solutions are even more elusive. As the new chairman of the subcommittee, to which the Speaker will look for direction, I am committed to finding real answers and effective solutions.

As an aside, I just returned from a worldwide conference on drug abuse and crime in Vienna, Austria just a few days ago. It was attended by the head of the United Nations' anti-drug effort—his name is Pino Arlacchi—the British drug czar, the leaders of the international law enforcement community, including being accompanied to the meeting by the head of our own United States Drug Enforcement Agency, Tom Constantine. That conference was dedicated to molding a new transatlantic approach to the heroin and hard-drug crisis. With this, and many other international efforts, I believe we can work more effectively in the international arena to attack our drug crisis.

Let me say one last word about the enormity of the drug threat. These hard drugs, heroin and cocaine especially, come primarily from Colombia, Bolivia, Peru, and Mexico. We will find a way to stop drugs at their source. I make that commitment to you today. With this new assignment from the incoming Speaker, it is my hope to enlist the leaders of these countries in our anti-drug crusade. The poison that is being produced in these nations should not reach the streets of central Florida, America or any other nation. I believe that with the correct policies and proper funding, we can take a four-pronged approach, including eradication, enforcement, education, and treatment.

In the last Congress, I worked to designate central Florida as a high intensity drug traffic area, or what is termed HIDTA. With that designation, we are bringing every possible resource into central Florida to combat illegal narcotics trafficking. Today we will receive an update on that effort.

To begin our planning for the national drug policy for the coming year, I met this week in Washington with General McCaffrey, who is the head of our national drug policy and also our National Drug Czar. I am also pleased to announce here today that General McCaffrey is permitting me to publicly release—and he is simultaneously announcing it in Washington this morning at 10 o'clock—that central Florida will receive $2.5 million this year in funding for their HIDTA effort.

[Applause.]

Mr. MICA. So I think working together with the Drug Czar, with international leaders, with Members of Congress and others, we can make this program effective not only in central Florida but throughout the Nation. As a Congress, we made some progress last year through new legislation and funding for anti-drug programs. Congress added hundreds of millions of dollars to programs which

were as diverse as education and treatment and aid to enhancing our enforcement and interdiction programs, but much more must be done. The truth, as we will hear today from our distinguished witnesses, is that much more can be done, and for the sake of our children much more must be done. Drugs and America do not belong in the same sentence. Illegal narcotics are not an American value, they have no place in our society. That is why I am committed as this subcommittee's new chairman to stopping the flow of drugs to our cities, our towns, our schools, our communities and to genuinely educating our young Americans about the great dangers posed by drugs to them and to our entire society.

I thank you for your attention to my opening statement. I am pleased now to yield to the gentleman from California, Mr. Ose. You are recognized.

Mr. OSE. Thank you, Mr. Chairman.

[Applause.]

Mr. OSE. Let me preface my remarks by saying that central Florida and this country enjoys a treasure in having you follow Speaker Hastert's tenure as chairman of this subcommittee and I am looking forward to working with you closely.

I come from Sacramento where we also have a drug problem in the Third Congressional District. Our particular drug of choice is methamphetamine and it is primarily manufactured in many of the rural areas in some of the smaller counties of my district. The impact of this is that in some of these smaller counties, up to and exceeding 75 percent of the county district attorney's caseload is directly related to drug use and abuse.

Long story short, I begged Mr. Burton to let me be on this committee. I cannot tell you how pleased I am that you and he consented to that. You said something in your remarks, your direct quote was, "we will find a way to stop drugs at their source." I just want to repeat that, "we will find a way to stop drugs at their source." I yield back my time.

Mr. MICA. Thank you, Mr. Ose.

Again, we have other members—two other members who planned to attend and are not able to be with us. They are at different stages of this cold and flu. But without objection their statements will be made a part of the record and in order, so ordered.

[The prepared statement of Hon. John L. Mica follows:]

OPENING STATEMENT OF
CONGRESSMAN JOHN L. MICA

"Our Drug Crisis: Where Do We Go From Here?"

Field Hearing before the Committee on Government Reform
Winter Park, Florida
January 22, 1999

It is my pleasure to welcome everyone this morning. This is the first hearing that I have called as Chairman of the House Subcommittee on Criminal Justice, Drug Policy and Human Resources. I would like to welcome to our distinguished witnesses and my fellow committee Members, Congressman Mark Souder of Indiana and Congressman Doug Ose of California, as well as Congressman Dave Weldon and Congresswoman Corrine Brown of Florida.

Today, we find Central Florida and many other communities of America facing an illegal drug epidemic. Illegal drugs have a devastating impact on our communities, our families and on those who fall victim to their use. Too often, here in Central Florida, our children are the victims of heroin, cocaine and other hard drugs. That is why I have undertaken the chairmanship of the subcommittee in Congress that is chiefly responsible for oversight of our national drug policy. Until last month, this subcommittee was the responsibility of Congressman Dennis Hastert, the new Speaker of the House of Representatives.

Today's hearing is the first in a series of hearings our subcommittee will conduct to deal with the drug crisis in America. We will hear from those in Central Florida and across the United States – about how drugs affect the communities we live in and the people we love. There is no question about it -- drugs do destroy lives. It is a simple, hard, cold fact. And that is why I am committed to this fight, and why I am pleased to be conducting this hearing.

For the record, the Drug Enforcement Administration estimated that drugs snuffed out more than 14,000 American lives last year. Most of those were our young people. Here in Central Florida, recent reports show that the number of deaths from heroin overdoses and other hard drugs actually outpaced homicides. Central Florida has been ravaged by the effects of illegal drugs. That much is clear, whether you talk with parents, teachers, law enforcement officers or those running treatment programs.

Cheap, pure Colombian heroin and hard Mexican drugs, together with deadly crack, cocaine and methamphetamines, are wreaking havoc on the lives of children and families. These drugs feed into Central Florida's crime statistics and fray our social fabric.

I cannot tell you how important this issue is to me personally – and I believe also critical to the future of our nation and society. That is why I have chosen to hold this first hearing at home, here. With this and other hearings, we will collect the best answers – examining what works and what doesn't – from those on the front lines across America and overseas. My hope is to craft legislation and adopt measures that will deliver real solutions.

Over the past 18 years, I have seen policies that work and policies that failed. Unfortunately, the threat today is far more serious than it was 18 years ago, and the solutions are more elusive. As Chairman of the subcommittee to which the new Speaker will look for direction, I am committed to finding real answers and effective solutions.

As an aside, I just returned from a worldwide conference on drug abuse and drug crime in Vienna. It was attended by the head of the United Nations anti-drug effort, the British Drug Czar, and leaders of the international law enforcement community, including Tom Constantine, Head of our own DEA. That conference was dedicated to molding a new transatlantic approach to the heroin and hard drug crisis. With this and many other international efforts, we can work more effectively in the international arena to attack our drug crisis.

Let me say one last word about the enormity of the drug threat. These hard drugs – heroin and cocaine especially – come primarily from Colombia, Bolivia, Peru and Mexico. We will find a way to stop drugs at their source. With this new assignment from the incoming Speaker, it is my hope to enlist leaders of these countries in our anti-drug crusade. The poison being produced in these nations should not reach the streets of Central Florida, America, or any other nation.

With the correct policies and proper funding, we can take a four-pronged approach, including eradication, enforcement, education and treatment. In the last Congress, I worked to designate Central Florida as a High Intensity Drug Trafficking Area, or HIDTA. With that designation, we are bringing every possible resource into Central Florida to combat narcotics trafficking. To begin planning our national drug policy for this coming year, I met on Wednesday with General McCaffrey, the White House Drug Czar.

As a Congress, we made some progress last year through new legislation and funding for anti-drug programs. Congress added hundreds of millions of dollars to programs as diverse as education and treatment and aid to enhance our enforcement and interdiction programs. But more must be done.

The truth, as we will hear today from our distinguished witnesses, is that more can be done – and, for the sake of our children, more must be done. Drugs and America do not belong in the same sentence – illegal narcotics are not an American value. They have no place in our society.

That is why I am committed, as this Subcommittee's new Chairman, to stopping the flow of drugs into our towns and cities, and to genuinely educating young Americans about the great dangers posed by drugs to them and to our entire society.

Mr. MICA.

We now have our first panel with us this morning in place and I am pleased to welcome them. We have Mr. Bill Berger and Mrs. Marian Berger. I happened to meet the Bergers at a dinner in which they were honored by the Police Athletic League in central Florida. The Bergers have taken one of the most incredible personal tragedies that any parent could possibly experience in losing their son to a drug overdose and they have turned it into trying to educate and inform others about the dangers of drugs. They are trying to turn their tragedy into something meaningful for the young people in our community. I was so impressed when they were recognized for their efforts that I asked them if they would come and provide testimony this morning. So, Mr. and Mrs. Berger, I want to welcome you both.

We also have Michael Johnson, who is a resident of the House of Hope, involved in a private sector program. The House of Hope, as many of you know, has been honored both by President Reagan and by Governors and others throughout the Nation for its efforts to aid those young people. They first started out with just young ladies and now they have expanded their operation not only from central Florida but beyond our borders here, and also in dealing with young men. So they help young men and women who have drug problems.

Now, I will—I see one other person there, Ms. Trotter. She is the executive director of House of Hope. You are going to testify in the third panel?

Ms. TROTTER. Yes.

Mr. MICA. Let me explain to you that this is an investigations and oversight subcommittee. Those of you who are going to testify on this panel, I will ask you to stand and swear you in. Will you raise your right hands, please.

[Witnesses sworn.]

Mr. MICA. Let it be entered in the record that the witnesses testified and have sworn to the oath in the affirmative.

Again, I am pleased to welcome you all. Thank you for coming today and offering this testimony for our congressional record. I think we will just start off and lead with you, Mr. Berger.

STATEMENTS OF BILL BERGER, ACCOMPANIED BY MARIAN BERGER; AND MICHAEL JOHNSON, ACCOMPANIED BY MARY TROTTER, EXECUTIVE DIRECTOR, HOUSE OF HOPE

Mr. BERGER. Thank you.

I would like to thank Chairman Mica and Congressman Ose, as well as other members of this subcommittee, and of the panel today for the opportunity to share our views on how we think drug use is impacting our community and our State and what I believe can be done to stop this plague.

I am sorry to say I am not pleased to be here. The reason I am here is because on September 6, 1997, my son, Jason Alan Berger, died of a heroin overdose. He was 22. Since that time, my wife, Marian, who you will hear from shortly, and I have received a shocking education on the widespread use of drugs, but specifically heroin, throughout central Florida.

Over 300 of our son's friends came to his funeral. At that time, God gave me the strength to speak at the graveside about his life and death. I would like to share a little bit of that with you.

He was a bright, handsome and very popular young man. An honor student in school, a student athlete and a young man who always made me proud to be his dad. We spent time together. He loved to play cards, monopoly, shoot pool on our porch. We swam together, took hikes together, raised money for charity as a team. I was his soccer coach for 5 years. We had a very positive and caring relationship. Jason was my best friend.

But when he was 15, he broke up with his girlfriend and it broke his heart. He was depressed for several weeks, as I suppose we have all been at one time in our teenage years, and one of his friends repeatedly asked him to try LSD to help him get through this terrible time. Although his background and character and his family ties all told him no, he finally was worn down and gave in, and within a week he became a failing student in school. He changed his friends, he lost his interest in almost everything but music. Today, I can tell you, these are all telltale signs of drug use; then we thought it was just a phase.

He eventually ran away from home and lived in the woods and in vacant houses for 6 months. The sheriff's office brought him home once. We hired private detectives and they caught him and brought him home again, but he continued to run away. He did not run away because he was unhappy at home, he ran away because he knew how we felt about drugs and he could not continue his drug life and still live there.

When he finally returned, he was able to graduate from high school, but he was never a good student again. After years of being in and out of trouble, he finally moved back home with us after he graduated and worked as hard as he could to rebuild his life. He held a job for 5 years and was very proud of his work, but instead of being the architect that he always dreamed of being, he was a busboy and had no thought of college or self-improvement.

He moved out of our house in August 1997 and he was dead of a heroin overdose within 2 weeks. He wanted so much for himself in his younger years but drugs robbed the world of a very talented, giving human being. Jason did not want to die, but drugs took control of his life. He was able to go to work every day, fool us at night into thinking he was doing OK and function like any other 22-year old, but he was a recreational drug user on and off for 7 years and it finally caught up with him.

In his eulogy, I quoted some statistics that Orlando's Channel 6 news had broadcast the night before we buried our son. According to an independent survey, in 1997, 74 percent of Seminole County high school students had either tried, bought or sold drugs that year—74 percent; 46 percent of the middle school students had the same experience, and over 20 percent of all the people that were surveyed, over 20 percent had known someone who had died of an overdose.

What can we do to stop this? People who care must get involved. Marian and I spoke to every Seminole County DARE graduating class last year sharing our story, but that reaches only fifth graders. Middle school and high school students need constant rein-

forcement to stay off drugs. Our son had the right foundation, but at 15 there were no formal drug or anti-drug programs in place.

More undercover investigators must be on the street. In the Orlando Sentinel last week an article stated that $3 million had been allocated for enforcement in central Florida but only $1 million had been spent. If the fear of being caught and the subsequent penalties were severe enough, why were 74 percent of Seminole County high school students involved in drugs in 1997? In a casual conversation with my son a few years ago, he said that if you knew what to look for, you could buy drugs on every corner in downtown Orlando any hour of the day or night.

The penalty for selling drugs and for killing a user with those drugs must be severe. My wife Marian has collected newspaper articles relating to heroin since Jason died. We have 20 articles from the Orlando Sentinel and the Sanford Herald in the past year and a half. There was one in the paper again today. If you read them closely, you will see a common thread. First of all, obviously heroin is newsworthy. Almost all of the headlines mention the word heroin. The penalties for selling and killing are almost insignificant. Two articles in particular show how severe death by heroin is treated. Pushers arrested for selling the drugs that killed are indicted for first degree murder by grand juries, then released on bonds of $5,000, $10,000 and $25,000 respectively, all in these particular articles by the same local judge, Judge Allen Dickey. I guess I watch too much TV, but I always thought that you could not bond out on a capital offense. Congressman Mica said that drug deaths have surpassed homicides in central Florida; sir, drug deaths are homicides.

Other common themes in these articles, one in particular, is that the same dealers who are being allowed to walk the streets almost always are repeat offenders. They go back to their high paying jobs as drug sales people because the penalty for getting caught for selling or killing with drugs does not scare them enough. Sheriff Eslinger and his staff have encouraged Marian and myself to stay involved in this fight. What they do not know is we have no choice. Jason has pointed us to this mission. We will continue to stay in the middle of this fight for the rest of our lives, so that his life and his death will not be without purpose.

Some of Jason's friends call on us from time to time, many have learned from his mistakes but some continue to flirt with death. We cannot be everywhere, we need help.

Thank you for being concerned enough to ask us here. Please help us, and all the relatives and friends who have lost loved ones, to stop this senseless loss of one more human being because of drugs.

[The prepared statement of Mr. Berger follows:]

January 17, 1999

I'd like to thank Chairman Mica and the distinguished members of this sub-committee and the other members of these panels today for the opportunity to share my views on how drug use is impacting our community and our state and what I believe can be done to stop this plague.

I'm sorry to say I am not pleased to be here. The reason I am here is because on September 6, 1997 my son Jason Alan Berger died of a heroin overdose. He was 22. Since that time my wife, Marian, who you will hear from shortly, and I have received a shocking education on the widespread use of all drugs, but specifically HEROIN, throughout Central Florida.

Over 300 friends of our Son came to his funeral. At that time God gave me the strength to speak at Jason's graveside about his life and his death.

He was a bright, handsome and very popular young man. An honor student in school, a student athlete and a young man who always made me proud to be his dad.

We spent time together--he loved to play cards, monopoly or shoot pool on our porch. We swam together, took bike-hikes together and raised money for charity as a team. I was his soccer coach for 5 years. We had a very positive and caring relationship.

But when he was 15, he broke up with his girlfriend, and it broke his heart. He was depressed for several weeks (as I suppose we all have been at one time in our teenage years) and one of his friends repeatedly asked him to try L.S.D. to help him get through this terrible time. Although his background and character and family ties all told him no, he finally gave in ------ and within weeks he became a failing student, changed his friends and lost interest in almost everything but music. Today I can tell you there are all tell-tail signs of drug use -- then we thought it was just a phase.

He eventually ran away from home and lived in the woods and in vacant houses for 6 months. The Sheriff's office brought him home once, a private detective brought him home once, but he continued to run away.

When he finally returned he was able to graduate from high school, but was never a good student again. After years of being in and out of trouble he finally moved back home and worked as hard as he could to rebuild his life. He held a job for 5 years and was proud of his work, but instead of being the architect he always dreamed of being, he was a bus-boy and had no thought of college or

self-improvement.

He moved out of our house in August and was dead of a heroin overdose within 2 weeks. He wanted so much for himself in his younger years, but drugs robbed the world of a talented, giving human being.

Jason did not want to die--but drugs took control of his life. He was able to go to work everyday, fool us at night thinking he was doing fine, and function like any 22 year old. He was a recreational drug user on and off for 7 years - it finally caught up with him.

In his eulogy I quoted some statistics that Orlando's Channel 6 news had broadcast the night before, according to our independent survey:

74% of Seminole County high schools, students have tried, bought or sold drugs this year (1997).

46% of middle school students have had the same experience.

Over 20% of all surveyed have known someone who has died of an overdose in 1997.

What can we do to stop this? People who care must get involved. Marian and I spoke to every D.A.R.E. graduating class last year, sharing our story. But that reaches only 5th graders. Middle school and high school students need constant reinforcement to stay off drugs. Our son had the right foundation -- but at 15 there were no formal anti-drug programs in his school.

More undercover investigators must be on the streets.

If the fear of being caught and the subsequent penalties were severe enough, why were 74% of Seminole County high school students involved in drugs in 1977? In a casual conversation with Jason a couple years ago, he said if you knew what to look for, you could buy drugs on every corner of Orange Avenue in downtown Orlando, on any given night.

The penalty for selling drugs and for killing a user with those drugs must be severe. My wife Marian has collected newspaper articles related to heroin since Jason died. We have copies of 20 articles from the Orlando Sentinel and the Sanford Herald. If you read them closely, you will see a common thread -- HEROIN. It's newsworthy. Most stories

stories headline that word, but the penalties for selling and/or killing are almost insignificant. Two articles in particular show how severe death by Heroin is -- pushers arrested for selling the drugs that killed are indited for 1st degree murder by grand juries then released on bonds of $5,000, $10,000 and $25,000 respectively, all by the same Judge, Alan Dickey. I guess I watch too much TV, but I always thought that you couldn't bond out on a Capital Offence.

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Sheriff Eslinger and his staff have encouraged Marian and myself to stay involved. What they don't know is we have no choice. Jason has pointed us to this mission. We will continue to stay in the middle of this fight for the rest of our lives, so that his life and death will not be without purpose.

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Thank you for being concerned enough to ask us here. Please help us, and all relatives and friends who have lost loved ones - to stop the senseless loss of one more human being because of drugs.

Bill Berger

Mr. MICA. Thank you, Mr. Berger.

[Applause.]

Mr. MICA. I would like to now recognize Marian Berger. Ma'am, you are recognized.

Ms. BERGER. Thank you.

A couple of weeks ago Sharon gave us a call at home on a Saturday and when I answered the phone——

Mr. MICA. If we can have those leaving exercise as much restraint in talking as possible. Go ahead, Ms. Berger, you are recognized.

Ms. BERGER. Thank you.

As I was saying, a couple of weeks ago I received a call on a Saturday morning and it was Sharon calling me from Washington, DC. I was like, a call from Washington, very amazed here.

Mr. MICA. Ms. Berger, I am not sure we are not going to get an announcement here.

Mr. OSE. That is the break.

Mr. MICA. It is just the break. OK, go ahead and proceed. I did not want you to be interrupted.

Ms. BERGER. No problem. Anyway, she told me about this hearing and asked if either Bill or I would be able to attend or if we would like to attend. Well, it did not take but a second thought and I told her both of us will be there. A week or so later she let us know that what we were going to say today had to be in writing, which kind of blew us away because all of the talks we have had this past year and 4 months have been from the heart and never had to have any notes. We somehow managed to put this all down in writing so they could have it. So bear with both of us because, as Bill did, and I will too, we were reading because we do not want to miss anything. Again, thank you for inviting us.

Before I start, I just wrote down some notes here. I want to steal a phrase from John Negri, who is in charge of the DARE program in Seminole County. He is the guy that keeps it going. He used to say this at the end of my talks when I would talk to the DARE graduation classes, and Bill's as well. And he asked the fifth graders, he said what do you call it when a spouse loses another spouse? It is widow or widower. What do you call it when a child loses their parents? It is an orphan. And then he said, what do you call parents who lose a child? The fifth graders just looked and looked and no one could say anything. He said there is nothing that you can say. There is no name for it because it is not supposed to happen.

I am honored to be invited here to this hearing on drug abuse and more personally on abuse of heroin. As Bill told you, our son Jason died September 6, 1997, 22 years old. He overdosed on heroin. The night before, he called his dad and was really excited. He had a split-shift that afternoon and called him to tell him he received his paycheck from the week before and received a double paycheck because he worked double time because he wanted money. He gave someone $250 that day to put down on a motorcycle. He could not afford a car because he had gotten a DUI the year before, and the DUI primarily was caused because he was doing drugs and drugs affected the alcohol. He felt really good about himself on that phone call. He had moved out of the house

and he had moved into an apartment. He was going to become independent and make us proud. Bill told me about that call. He called me—I was out of town that afternoon—and he just could not believe the phone call. Jason was so excited. He was so happy. Life was really going great for him.

He also asked Bill if he could pick up the extra comforter that we had for his new apartment that night. He worked very late at the restaurant. It was probably 12 or 1 o'clock before he got off. So we left his comforter in the garage and the next morning when we awoke, we looked in there and the comforter was gone. Later that afternoon on September 6th, Bill and I were with friends at a restaurant—and I do not have to read this part. My pager went off. I had just started a new job and told these folks my pager is on 24 hours a day, 7 days a week. It went off and I did not recognize the phone number. I called that phone number and it was the Casselberry Police Department. The officer on the other end of the phone introduced himself and he said I'm sorry, Ms. Berger, I hate to tell you this, but your son is dead. I thank God there were friends there with us because that was the only way we both made it home.

Later that afternoon, a Casselberry police officer and a CCI officer from Seminole County arrived at our home. They said they were at the apartment when the paramedics were there. They told us the little that they knew, but they did tell us Jason was found on his bed. It was made, comforter on it. Jason seldom made his bed at our house when he was living at home, he was like, I think, many young people. But that tells you right there that he did not want to die that night. If there was only beer in that apartment, he would have gone to bed and awoke the next day, but there was a drug dealer there that night and that drug dealer sold my son heroin.

Jason, we knew from his confession the year before, had tried drugs but now wanted to be free. He wanted to live a beautiful, clean life. Heroin is a drug that we have found to be recreationally addictive. No one knows when or if they will die. When they use it, heroin can kill. Drug dealers need to be stopped. These dealers have killed dozens of individuals who did not want to die.

I read in last Sunday's paper the new drug task force has arrested over 50 suspects selling drugs and about $1 million of the expected $3 million, as Bill said, for 1999 has been allocated. With this money available though, I do not understand why the article also said that the law enforcement officials need more money. This money could bring more manpower and bring more arrests. It is obvious that the undercover agents can find the dealers. What is stopping the extra allotment of money to hire more agents?

Education is also mandatory. Bill and I spoke to over 2,000 fifth graders last year at their DARE graduation. We told them our story about Jason in hopes that these students, as well as their parents, would learn more about drugs and how it kills. We also spoke to other groups and hope that these talks have saved lives.

What we really would like to see is more deputies trained for the Seminole County Sheriff's Department. If need be, use part of the $3 million for this drug enforcement to hire and train these deputies to target middle schools. These students need to be reminded

of what they learned in fifth grade. Too much time passes between 11 years old and 15 years old. If all this training were enforced when Jason was young, he might have learned the danger of drugs. Most parents do not have the education necessary to talk to their children about drugs. Somehow these teens need to know that when they get upset about something, do not let your friend convince you to try a drug. This person is not a friend, nor is trying drugs the way to solve the problem.

We have learned much since our son died about how drugs change people. Jason even told me after he got out of jail for that DUI and on that year's probation and he told us so much, he said, mom, you look at someone in the eyes, if they are red and the pupils are dilated chances are they are doing drugs. If your teen suddenly wants to wear different clothes, they want to color their hair, pierce their body or have a totally different group of friends, talk to them, investigate the changes. Don't think these changes are just a sign your teen wants to rebel, the reason may be drugs. Periodically go through their book bag, check their room closets, dresser drawers and if they have a car, look inside. If they get upset because they say you are intruding in their privacy, tell them if there is nothing wrong, then it should not matter. You love them, you want them safe. It is better to have your teen upset with you than dead.

The last Christmas that Jason was with us, which was an incredible time those few months. He was off drugs and he was back the way he was many years before, just the most incredible laughing fun person. Anyway, he gave us this Christmas card. It was a special Christmas card, thanks to mom and dad, and it has the usual verse. Hallmark does a wonderful job with their thank you's. I would like to read what he wrote in it though, which is the most important thing. And he printed in there these words, "I realize I have been a screw-up and not much of a family member these past few years. Thank you for always supporting me and never giving up hope. I hope I am now in a change for the good in giving up my past life. I hope you like the dog. It was a gift that I thought will keep on giving. I love you guys lots and I am pretty sure Sampson will too. Thank you again for everything." He did not want to die. When I look at Sampson, our dog now that is about 75 pounds and was about 10 pounds when he gave it to us, I remember even more the love that our son has for us, and I know still he has it. I pray there will be a way to stop the selling of drugs and other parents will not have to go through the pain that we have.

Since Jason died, we have been invited to speak to many groups, interviewed on the news, on TV and quoted in the newspaper, received a plaque from the Seminole County Sheriff Department for a community service award, received a plaque from DARE—from the DARE Association. We received the 1998 distinguished service award from the Seminole County Police Athletic League, been filmed for a part in a TV series on drugs that will hopefully be on TV this spring. We will continue to talk and do whatever it takes. None of this has brought our son back, nor will it ever bring our son back. We only hope that we have saved lives and want to save more.

Thank you for inviting us to this hearing. We need to stop the dealers. Thank you.

[Applause.]

Mr. MICA. I thank both Mr. and Mrs. Berger for your testimony and for your participation as witnesses today under very difficult personal circumstances, and also for your recommendations.

I am going to now recognize Michael Johnson. Michael is a resident with the House of Hope and involved in some of their programs. Maybe you can convey to the subcommittee your personal experience. You are recognized.

Mr. JOHNSON. I began to use drugs about—you know, whenever I was about 12. I just started smoking weed at first. It was just what kids were doing. I was in middle school. That is where I started at. That was my first time. I got out of control because I have got a background of addictive personalities and stuff like that. By the ninth grade, I had decided I was going to quit school. I knew not to go to harder drugs because I've heard stories like these about heroin and cocaine and crack and stuff, and then on top of that, I have seen the heads that were on the drugs. But it became expensive anyway because I wanted to, you know, do the drugs I used all the time, so I started stealing. I would like rob people and stuff, other drug dealers, then I began to sell drugs. Around here in Seminole County—I live in Orange County, but in Seminole County around here, it is a very, very big area. We lived over in Redline Apartments in a place in Country Lane where we stayed at. I mean it is big, it is big stuff. Then people would be killing each other too, you know, with the selling drugs around here.

I got involved in it too much and eventually I got caught by the police. With no charges they put me in a detox because my dad, he said—he knew I needed help because I was stealing his money and leaving our house and taking off. They put me in detox and then the detox said he needs help. They put me in a program, which is a government program, and it could not control me and I took off from there. I ran away and went out to do drugs more. I ended up catching charges that were going to put me in jail. I decided, you know, to think in my right mind for one, you know, day at least and decided to go back to the program and get help.

When I got there, I wanted to get help but I could not. I could not like, receive it. I do not think—I do not know, it was just—what they were offering me was not quite doing it, and then on top of that, the kids were bringing heroin into the program. I was sitting here in the program trying to get straight with three third-degree felonies. You know, trying to get off, you know, the street and, you know, have a relationship with my father and the rest of my family and stuff and it just was not working out.

The heroin—also, I have such an addictive personality that I was hooked on it right away. You know, you can only get so much. They could only leave the program for 1 day on a pass and they would come back with 10 packs of it. That is $10 worth of it. It is just a little bit, you know. And when you get tolerance to it, you will start having to snort more. I got real addictive, I stole this other kid's in the program and he wanted to fight me. That caused me a big problem because I got a knife and I was supposed to, you know, fight with this kid with the knife. I mean, you know, 16 guys

living in a place, with us out of control, and all they do is tell you you need to quit drugs. They do not tell you—they tell you why, but it is all like real sketchy. They give you such a worldly like view of why, the reason why society wants you to quit drugs and stuff like that. I ended up getting arrested in there with that knife and I'm a third degree felony. All I wanted to do was do drugs.

I know where to get heroin around here. I can go get heroin right now. I can go get cocaine right now, go get crack right now. I can go get any drug you want right now. I am not about that any more. I am not saying I am still about that. I was ready to go out and do that, then my dad put me in this other program because I was—you know, it was very, you know, whatever you want to say, evident that I was doing drugs. You know, I was whacked and I was showing it because I knew I needed help because I was scared. I knew I wanted to go get more heroin because I had already gone through the 3-day withdrawal. That's why I had the knife because it makes you angry whenever you quit. It's really hard to quit heroin. It takes like 3 days of just straight sleeping. You do not go to school, you do not do anything.

I came to this Christian program, the House of Hope. To me, it is like a correction facility, the House of Hope, because they just tell you what you need to know to get off of it. They give you all of the information that you need and they counsel your family and you. They have been bringing me up. I have been off of drugs for 9 months by my own will. I did choose to quit and when I get out of the program I can chose to go back to it, but now I am so like—I have been taught so much. But see, it was not that I was just taught something, I was taught the right thing about, you know, my life and stuff and about why I am here. I am not here to do crime and sell drugs and just make money on this. You know, I am here to serve God and that is basically what I have been learning. I can go into detail and talk for like 7 hours on what I know. I am kind of being rehabilitated, you know.

Mr. MICA. Michael, we will not give you 7 hours today. [Laughter.]

Just kidding. We appreciate your testimony. Did you have anything else you wanted to add?

Mr. JOHNSON. Yeah, I do have something I want to add to that. She was saying drug dealers, they need to get off the street. I used to sell drugs and my best friends sold crack cocaine. You know, they drove Lincoln Town Cars. You know, the money thing, it's like yeah, we have got money, we are bad. We are drug dealers. That is how they will be thinking. What needs to happen—see, my charges got dropped. I did not have any drug charges because I was smart. She said more investigators out there, just nail everybody, just lay them out. I can get away with it, you know. I can get away with selling drugs, it is not—you do not have to—I was burned to death man, I could not—you know, I was in low math and everything in school when I went back, and I could get away with selling drugs. You just got to have about this much intelligence (indicating) to be out there doing that. If you want to take it further, then you will be able to sell larger amounts of drugs, pounds and that sort of thing.

I think they need to start—do some kind of little—I do not know, some kind of tactical force thing or something. I do not know. You know, like come out and just sweep them out, you know what I am saying, because it is all over the place. They make themselves available too. I mean, I made myself available many times and I know—see, I was not—I knew that. My friends have been to jail and I knew that you do not go there for a long time. You get to kind of escape and learn a little bit while you are there, but see, also, I think they need to increase, you know, the years that you spend. Then also, when you get to the correction facility, make sure that they are offering you the right thing, because when they get out they are going to go right to the same thing.

Anyone who is on drugs knows they need help, so you guys need to be able to offer the right help and that is what the House of Hope is offering me. To me it is a Christian thing, it is about Christ, that has been offered to me. The way I understand his life to be and how to get off. I do not know what you all think about that, but that is what I have got to add.

[The prepared statement of Mr. Johnson follows:]

Michael Johnson
Testimony before the
Subcommittee on Criminal Justice, Drug Policy & Human Resources
January 22, 1999

My name is Michael Johnson I am 17 years old. I used drugs from the age of 12 to 17. I did almost every drug - other than cocaine in the powder form. My everyday life was based around drugs. Since I have a family background of strong addictions and an addictive personality I went at it harder than most people. I used everyday for the majority of each day. This was so expensive that I began to rob and steal. Along with selling drugs these were my daily activities for about three and a half years.

This lifestyle gave no options that were legal in society. It also got me into trouble with the law. I ended up n te juvenile detox with no charges. The Detox sent me to a program and I ran from there. I caught three 3rd felonies while on the street. I was not arrested because the police were investigating and they could not find me. I decided to go back into the program and try to care about my life but I did not know how. I did heroin in this program and was arrested with a knife. I was waiting to go to jail on this charge when my father put me in House of Hope.

House of Hope which is a non-denominational Christian facility has taught me what I needed to know about my addictive personality. House of Hope is not a lock down facility but serves as a correction facility and teaches me skills to fulfil purpose in society. I have had opportunity to go back into my former high school and talk to the at risk class about their choices as well as tell my testimony to several groups. Learning that I was created for a purpose other than to end up as a dealer / user and criminal has literally and eternally saved my life.

Mr. MICA. Thank you for your testimony. I am going to start a little round of questions here. I will come back to you in a second, Michael.

One of the things I heard you testify to, Mr. Berger, is that the disparity in time that is spent in jail, and also penalties and bonds for individuals. I think you relayed that in your individual case the individual was—I think was identified that sold your son drugs. What was the situation with his bond or penalty?

Mr. BERGER. It took a year of investigation to arrest him, although we had testimony from day one that he had sold the drugs and he actually was in the apartment that night and his girlfriend testified drugs were under the bed and another user was there with him. So it took a year for them to nail down the case. A grand jury indicted him for first degree murder; he spent 30 days in jail and at a bond hearing he was released on $25,000 bond because, according to his attorney, the family did not have the ability to pay. The father is a prominent attorney. I am really confused about that one.

Mr. MICA. Has he been tried or is he out now or what?

Mr. BERGER. We are awaiting trial right now.

Mr. MICA. Awaiting trial, but out on $25,000 bond.

Mr. BERGER. He not only is out on $25,000 bond, the judge at the time said he would release him on bond as long as he stayed in the home except to go to drug treatments, church or work. We since have been trying on a regular basis to determine who monitors that and it has become obvious no one does. So he is doing whatever he used to do right now as we are speaking.

Mr. MICA. Ms. Berger.

Ms. BERGER. What they told me—I had called the Victim Services—I mean some of the people were at the courthouse that day and I said can you find out for me what part of the sheriff's, police department, whatever, is supposed to be checking on this young man, because that was—I mean it was quoted in the newspaper, everywhere, part of the bond was to stay at home. This lady that has been talking to me has been searching everywhere and this has been 2 weeks. I expected to get a call from her yesterday. No one knows, and I am wondering who Judge Dickey thinks is checking on this young man and keeping him at home instead of out partying and selling more drugs. We have heard that sometime in March, the attorneys will go back before the judge and find out what date the trial will start. So it will not be before April at the earliest.

Mr. MICA. Well given your terrible personal experience, if you were—in fact, you are today advising Members of Congress. Where do you think we should best place our dollars as far as enforcement, treatment programs, education, interdiction, the whole spectrum of trying to get a handle on this. How would you approach this based on your experience, Mr. Berger?

Mr. BERGER. I think the first place we have to look is additional education at a higher level than fifth grade. Kids at the fifth grade—it is a wonderful foundation for no drugs in the future, but they are not tempted in the fifth grade. Temptation comes when they are 14, 15, 16, 17 years old and begin to think of themselves as adults. Drug dealers focus on middle school and high school stu-

dents, but we are educating the elementary kid schools. So education in higher grades is the first place.

Second, undercover enforcement is what is going to keep kids from selling drugs. Right now, they do it, 74 percent do it. This young man right here says he can walk out of here and find drugs. I bet you could find it in 2 minutes. They do it because they have no fear of being caught, and if they do get caught, they have no fear of the penalties, because they are juveniles in most cases that are selling it. So as long as the penalty for doing the crime is not severe enough or the possibility of getting caught is not severe enough, they are going to continue to sell drugs. So we need to make first degree murder charges first degree murder charges. We need to make dealing drugs a felony with automatic jail time and we need to have lots of undercover people in the schools and on the streets grabbing——

Ms. BERGER. And downtown Orlando.

Mr. BERGER [continuing]. These kids, taking them to jail with no possibility of getting back tomorrow to sell drugs again, which is where they are right now.

Mr. MICA. Ms. Berger.

Ms. BERGER. What I also feel about that though, if they are arrested and it takes a year to—I mean it takes a year to get them arrested, they need to know they need to stay in jail. There should be no bond. When the trial comes and if the trial and the jury or whomever decide that there is not enough evidence to keep them in jail that is one thing, but I cannot fathom someone who is arrested for first degree being now on the streets waiting again months to see if he is even going to be in jail. That has got to stop.

Mr. MICA. Michael, you have been in, it sounds like, several types of programs and your recommendation, as I gathered, was to have a program that is tough and meaningful but also compassionate. In your case, the secular program did not work as well as the faith-based program. You also seem to indicate the same thing that the Bergers did, that we need to really get tough on enforcement. Now that might mean in your case you might have spent some more time in jail or some serious jail time. Are you saying that's what we need to do?

Mr. JOHNSON. Yeah, but at the time I would not have said that. [Laughter.]

That is the dead truth.

Mr. MICA. So when there is no enforcement, young people think you can get away with it and go back and do it again. When the program has a lot of flexibility and laxness and no real core, it does not work as well, is that pretty much your experience?

Mr. JOHNSON. That is exactly what it is.

Mr. MICA. How old are you?

Mr. JOHNSON. I am 17.

Mr. MICA. And you started when? How old were you?

Mr. JOHNSON. Twelve.

Mr. MICA. Twelve. And it has been 9 months since you have been off of drugs?

Mr. JOHNSON. Yes.

Mr. MICA. And what did you use?

Mr. JOHNSON. Excuse me?

Mr. MICA. What drugs did you use?

Mr. JOHNSON. Well my favorite drug was weed. I smoked weed; I drank lots of alcohol; I ate a lot of pharmaceutical pills, I do not know if you know anything about that. I used heroin in the program. I smoked crack one time and I did not like it, it made me crazy. So I did not do that anymore.

Mr. MICA. So you have tried a wide range of illegal drugs. You also said throughout our community—are all of these—is marijuana just available or a variety of all the hard drugs? What is available?

Mr. JOHNSON. Well, you have got to get deep into it to be able to get good drugs. Like, if you are just some kid who just wants it, you know, straight off the street, you want to buy $5 worth of weed, you are surely not going to know where to get heroin unless people are just blatantly stupid about offering you drugs. That does happen sometimes.

Mr. MICA. And 9 months ago is the last time you dealt in drugs. In talking to your friends and in the program, is there much of a change? We put $1 million in here and we have beefed up enforcement, have you heard of any change or are we still about where we were from talking to your friends?

Mr. JOHNSON. I am not really allowed to talk to anyone out there, but I know they are still doing the same thing. The kids who are out there are oblivious to what is going on right now. I think they need to be made aware though. You know, saying we are coming to get you. And have people that know what they're talking about, who have done drugs, talk to them too because they do not—I think they are oblivious to it. I have still got friends that I see when I go on passes from the program, they come up, Michael, what is up man, what are you doing? You know, do you want to come out and chill? It is going down tonight. You know, come out to the party and whatever. No, I do not do that anymore, man. I sit there and I make them aware myself, but they are basically oblivious to what is going on.

Mr. MICA. Thank you for your testimony.

I am pleased now to yield to my colleague, the gentleman from California, Mr. Ose.

Mr. OSE. Thank you, Mr. Chairman.

Michael, educate me, if you will, you said you could walk out of here and quickly acquire drugs. I do not doubt that. What do you look for? What are the characteristics of that?

Mr. JOHNSON. Well it is about who you know. I can probably go on Lake Howell's campus right now and talk to somebody out here and get a bag of weed. I think these kids know that probably. I do not know if you guys know that. It is not funny, it is the truth. I went to Winter Park High School and it is drug-ridden. They have got cops in there that search you at the drop of a dime if you do one thing wrong. I mean, you know, you have just kind of—you have got to get into the scene and that is how you become oblivious to reality. You are just in that life and you think you are just something bad, you know, but you are really not. You are just living waiting to get killed, arrested or you are going to quit. Those are your three options.

Mr. OSE. When you buy drugs, are you buying it from an age-group peer or somebody older, somebody younger or does it vary? Somebody who goes to school with you, somebody from another neighborhood?

Mr. JOHNSON. Well there is not really an age group, like big drug dealers do not go to school. Like kids—will be pushing whatever, ounces or something—will be in the schools doing their work trying to get an education—there is no—it is not like you only go to the seniors to buy some dank, if you want some dank—you know, sometimes it is sophomores, could be freshmen, you know.

Mr. OSE. Your point is that it is everywhere.

Mr. JOHNSON. Excuse me?

Mr. OSE. Your point is that it is everywhere.

Mr. JOHNSON. Yeah, it is everyone and everywhere if they have got knowledge of the street, and that is about what it is right there.

Mr. OSE. Mr. and Mrs. Berger, I do not know what to tell you. I cannot even imagine what you went through.

Ms. BERGER. Jason, 6 months before he died asked if we would pay for a tandem jump for his birthday. He went up in those clouds and we could not see anything of that airplane, but he came down. This time he is up in those clouds and he is not coming down. I do not know—I mean, we do not know—we do not know the logistics of things, but those undercover agents, they seem to find people. I think we have more headlines of not just people dying from it, but headlines of every week an undercover agent caught another dealer, another dealer, another dealer and another dealer. I mean, these headlines that I have kept for a year, a year and 4 months, primarily they are of some arrests, and then they are let go, but mostly of deaths. I think there need to be more headlines of people being arrested and put in jail and this needs to be on a very regular basis.

[Applause.]

Mr. OSE. Mr. Chairman, I yield my time back.

Mr. MICA. Thank you, Mr. Ose.

I want to again thank the Bergers for coming to be with us today and for telling their story and also trying to make some meaning and some purpose to your son's life who you have tragically lost. By serving in our community, you have been recognized for that service. We appreciate your bringing a message, information to people who are not hearing that, particularly young people, and the rest of the community. I know how difficult it must be. Mr. Ose, we are going to hear in the fourth panel more parents. We could—unfortunately we could fill the stage here with parents who have experienced the same tragedy and they will be testifying in our public panel, the fourth panel. But again, I thank you for coming out and sharing with us your story.

Michael Johnson, we have scores of Michaels in our community unfortunately. Some of them are with us, and we are pleased that you are a survivor in this horrible situation. We wish you well and we thank you for your courage in coming forward and being with us today and relating to the community what is going on. Again, you all in this panel only represent a sampling of what we are ex-

periencing and how the lives of individuals in our community have been affected.

So with that, I thank you for your testimony and I will excuse this panel.

[Applause.]

Mr. MICA. I would like to now call the second panel. If the witnesses from the second panel could come forward? The second panel is entitled Drug Policy and Law Enforcement. Today we are extremely pleased and honored to have with us as our first witness a gentleman who is not a stranger to anyone in Florida, the Honorable Bob Martinez, who is the former Governor of the State of Florida. He was also the National Drug Czar, the former Director of the Office of National Drug Control Policy. He has been a strong warrior in this effort and helped craft some of our past State and Federal drug policy. We are delighted that he has come over from the west coast where he resides now and joined us.

We are also pleased to have Sheriff Don Eslinger. Everyone knows him, of course, as the Sheriff of Seminole County, an outstanding law enforcement leader who has also served as chairman of the high intensity drug traffic area group. Again, this area was designated by Congress as a HIDTA, high intensity drug traffic area. We put initial Federal dollars into the program last year and we will hear from Sheriff Eslinger where we are now.

We will also hear in this panel Mr. Vincent Mazzilli. Mr. Mazzilli is the Special Agent in Charge of the Miami Field Division of the National Drug Enforcement Agency.

So those are our three panelists. I welcome the panelists. I also will repeat what I have said to the others, that this is an investigations and oversight subcommittee of Congress and for that purpose we will swear our witnesses in. If you would stand gentlemen and raise your right hands.

[Witnesses sworn.]

Mr. MICA. Welcome this morning. We are so pleased to have you with us. These panels are not packed to the extent where we have to use the 5-minute enforcer, but as you may know from previous testimony before panels in Congress, we will allow extensive remarks or materials to be added to the record. I am pleased first to recognize the Honorable Bob Martinez. Governor Martinez, as I said, was our National Drug Czar. We are so delighted that you took time to be with us. This high intensity drug traffic designation does run from Tampa across the center of the State and up through the very core of central Florida. As a resident of that community, I know of your concern and we know of your tremendous work as our National Drug Czar. So with those opening comments and remarks, I am pleased to recognize you, Governor, and welcome.

STATEMENTS OF BOB MARTINEZ, FORMER GOVERNOR OF FLORIDA, FORMER DIRECTOR OF THE OFFICE OF NATIONAL DRUG CONTROL POLICY; DON ESLINGER, SHERIFF, SEMINOLE COUNTY, CHAIRMAN, HIGH INTENSITY DRUG TRAFFICKING AREA; AND VINCENT MAZZILLI, SPECIAL AGENT IN CHARGE, MIAMI FIELD DIVISION, DRUG ENFORCEMENT ADMINISTRATION

Governor MARTINEZ. Congressmen, Mr. Chairman, members of the committee, I am delighted to be here at your invitation. I want to congratulate you and the committee for making this a priority to listen to the community, to listen to those who are in fact involved with law enforcement, to get ideas, to identify the problems and hopefully to make the necessary recommendations that again will make the effort to reduce the use of drugs significant in this country.

As you indicated, I am the former mayor of Tampa where I now live, my home city; Governor of Florida and Director of the Office of National Drug Control Policy under President George Bush. In 1988 while serving as Governor, I created a drug coordinator office to work with the citizens of Florida to develop a Florida drug policy.

In addition to my business interests, I am involved in numerous community organizations and serve on the boards of the University of Tampa, Hillsborough Education Foundation and the District VI Juvenile Justice Faith Advisory Council. I say this because I remain active with the young people of the State of Florida in one fashion or another.

I know that in recent years we have had tremendous discussion about the use of tobacco and what it does to people that use tobacco, and certainly it does. I have never smoked in my entire life and I know there are long-term consequences for use. My concern during this whole period of debate is that little was said about the controlled substances. Little was said about the danger of cocaine and heroin and marijuana. Certainly it has not been, I think, in the news media like it should be. And, of course, these are instant lethal consequences, not long-term consequences. It can happen any day when you overdose. It can happen any day that is a result of the use of drugs that you engage in crime. It happens on any day the disruptiveness that comes to family units and to neighborhoods; therefore, I believe that this is a kind of issue that needs to be in the forefront at all times in a very visible way.

It is always hard to talk about law enforcement solely because in my view education and prevention works if law enforcement works. If law enforcement is not effective, there is no way for a message by a parent, by a school or by anyone else to take hold because merchants are out there making a sale. You have to remember this is a marketplace. You just do not get up one morning and say you know what, I am going to use drugs. There is someone out there that is making it available. There is someone out there that is selling it just like Coca Cola sells Coca Cola. It is an organized effort to do so. We all know as adults how we can be persuaded to purchase a certain type of automobile or go to a certain restaurant or whatever it is because of peer recommendation or because of its availability. So you can imagine what a youngster who

perhaps is even more impressionable than we are, when they walk through a school building or walk in their neighborhood and are being approached openly without consequence by those who sell. So for that reason, a key element, I think, is that if law enforcement is effective, a chance for stopping first-time use of drugs, which is in my mind a very important factor, first-time use of drugs. Once you break the barrier, once you use it once, there are some quite frankly that get quickly addicted to the recurring use of it.

In the area of law enforcement—and I cannot praise DEA enough. I had the opportunity to work with DEA for a good number of years; the Customs Department which also carries a major effort in the area of drug interdiction; the U.S. Coast Guard which continues to work tremendously; the Department of Defense with its resources, provides necessary information so that DEA and others can carry out their mission. But the national policy—there should be a national policy, not a Federal policy. By national, I mean it has to include the sheriffs of all the counties across this great country and the police chiefs and other enforcement agencies that exist in the 50 States of our Nation. There has to be coordination, the sharing of information, the sharing of resources for it to be effective.

Starting with the DEA with its mission of not only dealing with core organizations, the heartbeat of the drug trade, the business merchants, the ones in charge of going to source countries developing the drug, providing for its transportation, providing for the laundering of its money. Here you can tackle it by going after kilos instead of grams, after tons rather than grams. Interdiction is important. Working with source countries is extremely important. An unfettered drug organization able to manufacture and ship and money-launder is going to flood whichever country they target. Intelligence is a must, working with the source countries to be cooperative is a must. Training their personnel and selecting their personnel is extremely important. You know, it is a lot better to know which container on a freighter has the drugs than searching through 500 containers. Have you ever been to a free trade zone and looked at the thousands of containers that are there? You can send the National Guard, the DEA to search some containers, but if someone has not provided you the information on which container, the chances of finding it are not quite good. So, it has to be beefed, it has to be effective.

You have to go after the secondary organizations that have the single purpose, whether it is to transport, to acquire the chemicals required to make coca leaf into cocaine, or in charge of enforcement of the system, and when you disrupt, it does cost them money. When you disrupt, you do reduce the supply, and if you disrupt enough, you drive the price up. If you disrupt enough they have to cut its potency, but if you do not do that, it is cheap, cheaper than a six-pack of Coke. Any elementary child will carry that kind of pocket money. So, it is an integrated effort before it gets to the streets.

When it gets to the streets and the sheriff and all his people and police chiefs all across the country have to deal with it, now they are doing, you know, house-to-house warfare. Now you are dealing with grams, now you are dealing with a disruptive neighborhood

where people want to move out and cannot because nobody wants to buy the house. Where you would like to go for a walk but you cannot because you do not feel safe. Where outsiders come in because the drug dealers are on the street and that's where they come to buy. They may live 20 miles from that neighborhood, but that is where it is sold and that is where it is bought. So who is in jail here? Is it the dealer or the people who live there who live behind bars. You have seen those neighborhoods and you go by and you see a lot of wrought iron bars keeping people out of their homes. That is no way to live. It is no way to live when like this youngster, I believe his name was what, Michael Johnson, when a career is destroyed. So for those who say we spend too much money on law enforcement, perhaps we are not spending enough money on education, prevention and treatment, not that we are spending too much money on law enforcement.

I think in recent years, the emphasis seemed to me—from what little I was able to gather in the media, the emphasis was more on treatment. Treatment is important. Effective treatment is important, not feel-good treatment. Effective treatment is important. But, that is treating the casualties, and they have to be treated when you have a casualty, but a good offensive reduces casualties and that is education and that is law enforcement. That is prevention and that is law enforcement and that is what has to work to reduce casualties. I do not think we have done enough to do that. Maybe we got complacent because we saw numbers were going the right way some years ago and now we see numbers are again beginning to spike upward. As early as the 1990's, predictions were already out there that heroin was going to become a drug of choice, because as they made it pure and it became snortable, even associated with a dirty needle, a different class of people would access it, and it has happened. So now it is not just cocaine, but now it is heroin.

You know, Mayor Giuliani in New York City has been given a great deal of credit for what has happened in New York City and rightfully so. I think he has done a tremendous job. He took care of small things, cleaning up the streets, picking up the litter and cleaning up the graffiti. While that may not be glamorous it cleans up an environment and when you clean up an environment people are willing to hold it that way. But if you walk out of your house every darn day and all you see is the drug pushers in the neighborhood, how do you get them to clean up their environment?

So I urge you—and I will be delighted to answer, you know, questions—that we go back and put more emphasis on these core organizations to be sure they do not flood us with the drugs as they have done. That we go after those secondary organizations that transport at will and launder the money and support the local organizations so that education and prevention has an opportunity to take hold before the pusher takes hold. If we can do that, I think we can make some progress.

Thank you, Mr. Chairman and members of the committee. I will be delighted to answer questions.

Mr. MICA. Thank you, Governor. We appreciate your testimony. We are going to defer questions until we have heard from all of the panelists. I would like to recognize now our sheriff, Don Eslinger,

who is also head of our local high intensity drug traffic designation. Sheriff, you are recognized.

Sheriff ESLINGER. Thank you, Mr. Chairman and Congressman Ose.

Late yesterday afternoon I received a fax and I would just like to read it, if I may. It says

Dear Sheriff Eslinger, my wife Mona Tatje has spoken with you on occasion about the followup on seeking the individual involved with the heroin overdose of our daughter Christina. With the Congressional hearing coming up tomorrow, I just wanted to say that if I can do anything more or if anything more can be done to stop the senseless waste of our youth, please make the extra effort. I write this with a broken heart, but as a parent and a citizen, I promise to help in any way possible to educate parents, youth and whoever will listen. This hideous drug is destroying many of our youth in central Florida. Sincerely, David Tatje.

Their daughter Christina was dropped off after she graduated from high school in Eustis last year, 1998. A so-called friend dropped her off at South Seminole High School—I am sorry, South Seminole Hospital where she died several hours later as a result of a heroin overdose. Many agencies are currently working this investigation, including the Central Florida HIDTA Heroin Task Force, and hopefully we will have results on that investigation.

As we heard this morning, family and friends of overdose victims are shattered by the loss of loved ones. Problems associated with drug abuse in our community are far reaching. We are all affected and victimized by the presence of illegal drugs in our community even though we may not have a direct relationship to the abuse or loss of life.

Congressman Ose pointed out that in the Third Congressional District of California, the DA estimates 75 percent of all reported crime he is handling is either drug or alcohol related. I estimate in Seminole County 80 to 90 percent of all reported crimes are directly related to drug and/or alcohol abuse. This crisis is adversely affecting the safety and the quality of life in our community. Law enforcement administrators are seeking innovative and progressive methods to deal with this problem. It should be very clear that this crisis is not just an enforcement related problem, but rather should be our Nation's top social priority. All of us must realize that criminal behavior, including drugs and alcohol abuse are not just—are symptoms rather of a much more complex problem that we are experiencing in our society.

Kids and adults do not refrain from the use of drugs because it is illegal. As Michael testified, they abstain because they have made smart choices based on proper values and positive family influences. It is a moral choice. There is a dilemma that in our government we cannot legislate, regulate or mandate proper parental involvement, guidance or even effective parenting skills. We should do everything we possibly can do to prevent people from ever becoming involved in illegal drugs. Our demand reduction strategy should continue to be all inclusive. The family, church, school, business community, neighborhoods and the entire criminal justice system must become more of a positive influence in the lives of our children.

Our newly elected Governor, Jeb Bush, has renewed Florida's war on drugs. A counter offensive to eliminate illegal drugs and their negative effect on our communities is being initiated on four

fronts—drug awareness, coordination and leadership; drug enforcement; prevention and treatment.

The first front must be to re-establish a clear, simple, consistent and direct message that drugs do destroy lives. It is imperative that our communities become more aware of the peril caused by the presence of illegal drugs. A State drug commissioner, drug action councils and enhanced partnerships with the Federal Government is recommended to ensure high level, high profile attention to the drug crisis facing our State.

The second front calls for an intensified involvement of all entities within the system. There are a number of initiatives within the State that will enhance our enforcement efforts. In addition to these efforts, punitive sanctions for those who choose to engage in this activity must be more severe. What Michael and the Bergers were speaking of was a State system and they characterized it very accurately. With a new Governor and new administration and a new way of thinking, bringing back minimum mandatory sentences, this will change. The Federal system is totally opposite of that. What a deterrent effect—great resource for us to use, and quite regularly the local law enforcement and State officials in the middle district of Florida use the Federal system and the U.S. attorney's office to effectively prosecute those who chose to be involved in this activity.

On two separate occasions, two separate school years, members of our organization, undercover agents, attended school. We sent three agents to three different high schools in two separate school years, and you never know, there may be one here today. They yielded over 80-plus arrests. Michael is right, there is a total void of consequences relating to that activity in this State's system. I have to share with you that it is my opinion that there is no difference between a heroin trafficker that continues to deal despite the loss of life than that of a murderer who places a gun to the head of their victim and pulls the trigger.

The third front focuses on drug prevention. The Governor clearly states that the war on drugs is won or lost during the formative years of development. Along with a host of other community-based prevention initiatives, we must also continue to emphasize prevention by establishing drug free schools, drug free work places and blocking the legalization of marijuana.

The fourth and final front involves the treatment of substance abusers to interrupt dependency which will reduce the demand for our drugs or drugs in our community. Expanded drug courts for adults and juveniles, drug treatment and after-care for inmates and utilization of proven effective treatment processes will result in the need for less drugs within our community. Quite simply, without the demand for drugs, the supply will be eliminated or at least adversely affected.

I have to share with you that in 1998 the average age of a victim of a fatal heroin overdose victim was 29 years of age. The majority of these victims were addicted to the substance. Adequate, accessible drug treatment programs are lacking. To have any positive effect, this needs to be a priority. I know it may not be popular to some, but I have to tell you it is important.

Governor Bush is sending a strong message that our comprehensive drug control strategy is a top priority for the State of Florida. A drug summit involving leadership from all four fronts will be held on February 12th. At this summit, we will collaborate to build effective integrated solutions which will address all aspects of the drug crisis in our community.

I ask each of you to look at this process and strategy carefully. We would strongly appreciate Federal funding assistance be given to implement these critical strategies. I also urge you to give serious consideration to adopting these initiatives as a national model.

To further enhance our efforts, I suggest that we better utilize existing resources to aggressively seek out the trafficker, dealer and those responsible for distributing illegal drugs within our community. As well, we should encourage more multi-agency initiatives.

I would like to thank you Congressman Mica for your commitment to seek solutions to this crisis and for your leadership in the establishment of a central Florida HIDTA. The HIDTA enforcement efforts began in June 1998. Currently 26 agencies are involved in seven different multi-agency operations. Collectively, local, State and Federal agents have made 938 arrests. Agents have seized 6 pounds of heroin, 74 pounds of cocaine, 14—a little over 14 pounds of methamphetamine, which is a significant problem in the Tampa area, over 17,000 pounds of marijuana. They have also seized in assets $1.2 million in currency, 32 vehicles and 43 firearms. We must continue to assist smaller police agencies so they too can join the HIDTA effort. I would ask for your consideration to expand the geographical HIDTA designation to include Brevard and Lake Counties.

In spite of this great challenge, I am still optimistic. You see, we have allowed an environment to develop in which illicit drugs have flourished in our society. One might say that we have done this to ourselves. What we have done, we can certainly undo. What is very clear is what we do about the drug crisis today will determine our future and success for this generation and generations to come.

I want to thank the committee for their time and interest in addressing this serious matter. Thank you.

[Applause.]

[The prepared statement of Sheriff Eslinger follows:]

Sheriff Donald F. Eslinger's Testimony before the Congressional Subcommittee at Lake Howell High School on Friday, January 22, 1999 at 10:00 AM

AS WE HAVE HEARD THIS MORNING, FAMILY AND FRIENDS OF OVERDOSE VICTIMS ARE SHATTERED BY THE LOSS OF LOVED ONES HOWEVER, THE PROBLEMS ASSOCIATED WITH DRUG ABUSE IN OUR COMMUNITY ARE FAR REACHING. WE ARE ALL AFFECTED AND VICTIMIZED BY THE PRESENCE OF ILLEGAL DRUGS IN OUR COMMUNITY EVEN THOUGH WE MAY NOT HAVE A DIRECT RELATIONSHIP TO THE ABUSE.

I ESTIMATE THAT 80 – 90% OF ALL REPORTED CRIMES IN SEMINOLE COUNTY ARE DIRECTLY RELATED TO DRUG AND/OR ALCOHOL ABUSE. THIS CRISIS IS ADVERSELY AFFECTING THE SAFETY AND QUALITY OF LIFE IN OUR COMMUNITY. LAW ENFORCEMENT

ADMINISTRATORS ARE STRUGGLING TO SEEK INNOVATIVE AND PROGRESSIVE METHODS TO DEAL WITH THIS PROBLEM. IT SHOULD BE CLEAR THAT THIS CRISIS IS NOT JUST AN ENFORCEMENT RELATED PROBLEM, BUT RATHER SHOULD BE OUR NATION'S TOP SOCIAL PRIORITY. ALL OF US MUST REALIZE THAT CRIMINAL BEHAVIOR INCLUDING DRUGS AND ALCOHOL ABUSE ARE SYMPTOMS OF A MUCH MORE COMPLEX PROBLEM THAT WE ARE EXPERIENCING IN OUR SOCIETY.

KIDS DON'T REFRAIN FROM THE USE OF DRUGS BECAUSE IT'S ILLEGAL. THEY ABSTAIN BECAUSE THEY HAVE MADE SMART CHOICES BASED ON PROPER VALUES AND POSITIVE FAMILY INFLUENCES. IT'S A MORAL CHOICE. THERE IS A DILEMMA IN THAT OUR GOVERNMENT CANNOT LEGISLATE, REGULATE OR MANDATE PROPER PARENTAL INVOLVEMENT, GUIDANCE OR EVEN EFFECTIVE PARENTING SKILLS. WE SHOULD DO

EVERYTHING WE POSSIBLY CAN DO TO PREVENT PEOPLE FROM EVER BECOMING INVOLVED IN ILLEGAL DRUGS. OUR DEMAND REDUCTION STRATEGY SHOULD CONTINUE TO BE ALL INCLUSIVE. THE FAMILY, CHURCH, SCHOOL, BUSINESS COMMUNITY, NEIGHBORHOODS AND CRIMINAL JUSTICE SYSTEM MUST BECOME MORE OF A POSITIVE INFLUENCE IN THE LIVES OF OUR CHILDREN.

OUR NEWLY ELECTED GOVERNOR, JEB BUSH, HAS RENEWED FLORIDA'S WAR ON DRUGS. A COUNTER OFFENSIVE TO ELIMINATE ILLEGAL DRUGS AND THEIR NEGATIVE EFFECT ON OUR COMMUNITIES IS BEING INITIATED ON FOUR FRONTS;

DRUG AWARENESS, COORDINATION AND LEADERSHIP

DRUG ENFORCEMENT

DRUG PREVENTION

DRUG TREATMENT

THE FIRST FRONT IN THE WAR ON DRUGS MUST BE TO RE-ESTABLISH A CLEAR, SIMPLE, CONSISTENT AND DIRECT MESSAGE THAT: DRUGS DESTROY LIVES! IT IS IMPERATIVE THAT OUR COMMUNITIES BECOME MORE AWARE OF THE PERIL CAUSED BY THE PRESENCE OF ILLEGAL DRUGS. A STATE DRUG COMMISSIONER, DRUG ACTION COUNCILS AND ENHANCED PARTNERSHIP WITH THE FEDERAL GOVERNMENT IS RECOMMENDED TO INSURE HIGH-LEVEL, HIGH PROFILE ATTENTION TO THE DRUG CRISIS FACING OUR STATE.

THE SECOND FRONT CALLS FOR INTENSIFIED INVOLVEMENT OF ALL ENTITIES OF THE CRIMINAL JUSTICE SYSTEM. THERE ARE A NUMBER OF INITIATIVES WITHIN THE STATE THAT WILL ENHANCE ENFORCEMENT EFFORTS. IN ADDITION TO ENHANCED ENFORCEMENT EFFORTS, PUNITIVE SANCTIONS FOR THOSE WHO CHOOSE TO ENGAGE IN THIS ACTIVITY MUST BE MORE SEVERE.

THERE IS NO DIFFERENCE BETWEEN A HEROIN TRAFFICKER THAT CONTINUES TO DEAL DISPITE THE LOSS OF LIFE AND THAT OF A MURDERER WHO PLACES A GUN TO THE HEAD OF THEIR VICTIM AND PULLS THE TRIGGER.

THE THIRD FRONT FOCUSES ON DRUG PREVENTION. THE GOVERNOR CLEARLY STATES THAT THE WAR ON DRUGS IS WON OR LOST DURING THE FORMATIVE YEARS OF DEVELOPMENT. ALONG WITH A HOST OF OTHER COMMJNITY BASED PREVENTION INITITIATIVES, WE MUST ALSO CONTINUE EMPHASIS OF PREVENTION BY ESTABLISHING DRUG FREE SCHOOLS, DRUG FREE WORK PLACES AND BLOCKING THE LEGALIZATION OF MARIJUANA.

THE FOURTH AND FINAL FRONT INVOLVES THE TREATMENT OF SUBSTANCE ABUSERS TO INTERUPT DEPENDENCY WHICH WILL REDUCE THE DEMAND FOR

DRUGS IN OUR COMMUNITY. EXPANDED DRUG COURTS FOR ADULTS AND JUVENILES, DRUG TREATMENT AND AFTERCARE FOR INMATES AND UTILIZATION OF PROVEN EFFECTIVE TREATMENT PROCESSES WILL RESULT IN THE NEED FOR LESS DRUGS WITHIN OUR COMMUNITY.

THE AVERAGE AGE OF THE VICTIM OF A HEROIN OVERDOSE IS 29 YEARS OF AGE. THE MAJORITY OF THESE VICTIMS WERE ADDICTED TO THE SUBSTANCE. ADEQUATE DRUG TREATMENT PROGRAMS ARE LACKING. TO HAVE ANY POSITIVE EFFECT, THIS NEEDS TO BE A PRIORITY.

GOVERNOR BUSH IS SENDING A STRONG MESSAGE THAT OUR COMPREHENSIVE DRUG CONTROL STRATEGY IS A TOP PRIORITY FOR THE STATE OF FLORIDA. A DRUG SUMMIT INVOLVING THE LEADERSHIP FROM ALL FOUR FRONTS WILL BE HELD ON FEBRUARY 12TH. AT THIS SUMMIT, WE WILL COLLABORATE TO BUILD EFFECTIVE

INTEGRATED SOLUTIONS WHICH ADDRESS ALL ASPECTS OF THE DRUG CRISIS IN OUR COMMUNITY.

I ASK EACH OF YOU TO LOOK AT THIS PROCESS AND STRATEGY CAREFULLY. WE WOULD STRONGLY APPRECIATE THE FEDERAL ASSISTANCE WHICH WILL BE GIVEN TO IMPLEMENT THESE

CRITICAL STRATEGIES AND ALSO URGE YOU TO GIVE SERIOUS CONSIDERTION TO ADOPTING THESE INITIATIVES AS A NATIONAL MODEL.

TO FURTHER ENHANCE OUR EFFORTS, I SUGGEST THAT WE BETTER UTILIZE EXISTING RESOURCES TO AGGRESSIVELY SEEK OUT THE TRAFFICKER, DEALER AND THOSE RESPONSIBLE FOR DISTRIBUTING ILLEGAL DRUGS WITHIN OUR COMMUNITY. AS WELL, WE SHOULD ENCOURAGE MORE MULTI AGENCY INITIATIVES.

I WOULD LIKE TO THANK YOU CONGRESSMAN MICA FOR YOUR COMMITMENT TO SEEK SOLUTIONS TO THIS

CRISIS AND FOR YOUR LEADERSHIP IN THE ESTABLISHMENT OF THE CENTRAL FLORIDA HIDTA.THE HIDTA ENFORCEMENT EFFORTS BEGAN IN JUNE OF 1998. CURRENTLY, TWENTY-SIX (26) AGENCIES ARE INVOLVED IN SIX (6) MULTI-AGENCY OPERATIONS. COLLECTIVELY, LOCAL, STATE AND FEDERAL AGENTS HAVE MADE 937 ARRESTS. WE MUST CONTINUE TO ASSIST THE SMALLER POLICE AGENCIES SO THEY TOO CAN JOIN IN THE HIDTA EFFORT. I WOULD ASK FOR YOUR CONSIDERATION TO EXPAND THE GEOGRAPHICAL HIDTA DESIGNATION TO INCLUDE BREVARD AND LAKE COUNTIES. ANOTHER SUGGESTION WOULD BE TO DESIGNATE THE ENTIRE STATE OF FLORIDA AS A HIDTA.

IN SPITE OF THIS GREAT CHALLENGE, I AM STILL OPTIMISTIC. WE HAVE ALLOWED AN ENVIRONMENT TO DEVELOP IN WHICH ILLICIT DRUGS HAVE FLOURISHED IN OUR SOCIETY. ONE MIGHT SAY WE HAVE DONE TO THIS

TO OURSELVES. WHAT WE HAVE DONE, WE CERTAINLY CAN UNDO. WHAT IS VERY CLEAR IS WHAT WE DO ABOUT THE DRUG CRISIS TODAY WILL DETERMINE OUR FUTURE AND SUCCESS FOR THIS GENERATION AND GENERATIONS TO COME.

I WANT TO THANK THIS COMMITTEE FOR YOUR TIME AND INTEREST IN ADDRESSING THIS SERIOUS MATTER.

Mr. MICA. Thank you, Sheriff. We appreciate your leadership on this issue, it is good to hear from you this morning.

We are going to suspend questions until we hear from our last witness, and that is Mr. Vincent Mazzilli, and he is the Special Agent in Charge of the Miami Field Division of the Drug Enforcement Agency.

Thank you for coming, welcome, sir, and you are recognized.

Mr. MAZZILLI. Thank you, Chairman Mica, members of the committee. I appreciate the opportunity to appear here today to discuss what is our drug problem and our drug crisis.

Although a wide spectrum of drugs affect the Orlando area, I think we all recognize that heroin is the most destructive. My comments today will be limited to giving you a brief history and an objective assessment of the heroin problem which is currently facing not only Orlando, but the United States.

As many of you are aware, heroin trafficking and abuse is not a new issue to law enforcement. The heroin epidemic originated in the United States during the 1950's and 1960's when 95 percent of the heroin that was smuggled into this country entered through New York City. Most of the heroin was distributed throughout the United States under control of traditional organized crime. In the 1970's, criminal elements within the organized crime began to relinquish their control and influence over the heroin trade to criminal groups from southeast Asia, southwest Asia and the Middle East, who began to emerge as the preeminent force in heroin distribution, production and trafficking.

Recently, the heroin market has experienced a familiar shift, from the domination of southeast Asian heroin just a few years ago, to the increased penetration of the wholesale and retail markets by South American criminal organizations.

In recent years, law enforcement investigations and various indicator data that have been collected by law enforcement began to reflect that the Nation's largest heroin markets were dominated by South American heroin traffickers. During the same timeframe, purity of this South American produced heroin was reaching record highs. A combination of higher purity, lower prices and ready availability has taken a toll on cities such as Baltimore, Plano, TX, and our very own, Orlando, FL. Today's heroin mortality figures are the highest ever recorded. Close to 4,000 people have died of heroin overdoses in each of the last 4 years.

The situation we face today was brought about by a strategic management decision made by both Colombian and Mexican-based trafficking organizations to increase their respective shares in the lucrative U.S. heroin market.

In the early 1990's, independent traffickers from Colombia began to supply retail level outlets for heroin distribution, primarily in the northeast cities, with high quality, high purity heroin. By supplying heroin dealers with high purity heroin to be given away as free samples and by establishing a brand name for heroin, in essence marketing heroin, the Colombian traffickers quickly gained a foothold in the burgeoning heroin markets along the east coast. These traffickers in South American heroin have virtually squeezed the ethnic Chinese criminal networks out of the market in the northeast, by offering not only high purity heroin, at competitive

prices, but frequently providing easier terms for the purchase and payment. Colombian traffickers also began using Puerto Rico as a major transshipment area for the distribution of their products to places such as Florida and Louisiana.

The use of couriers traveling on commercial airlines is the primary means by which Colombian-based groups smuggle their heroin into the United States. In the continental United States, the principal cities of importation are Miami and New York. Couriers employ a variety of means to smuggle heroin, which includes the use of false bottom suitcases, body pack and internal body carries.

Once the heroin enters the United States, it is transported through a variety of methods, such as domestic flights to other areas, private vehicles, trains, buses to reach retail markets.

With an influx of high purity heroin from South America, Orlando and other cities in the United States began to experience a dramatic shift in user populations. As recently as the early 1990's, the heroin problem in Orlando, as with much of the rest of the United States, was typically associated with a limited part of the addict population. The introduction of high purity heroin to the abuse population has enabled users to administer the drug by snorting or smoking rather than injection. This has drawn many new users, in particular young people, into the use and abuse of heroin. The glamorization of the use of heroin by the media has also contributed to the rise in its abuse. This has fueled a mistaken belief that heroin administered by snorting or smoking is not addictive, nor as deadly as intravenous use. This is wrong—heroin-related deaths more than doubled from 1990, where the death count was 1,980, to 1996, where the death count has risen to 3,980—virtually double.

Colombian-based trafficking groups have successfully exploited the existing and highly efficient retail drug distribution networks predominantly controlled by the ethnic Dominican criminals operating in the northeast. DEA investigative reporting and indicator programs have tracked this increasing dominance of South American heroin since 1993. Reportedly heroin purity in Orlando has reached as high as 92 percent at street levels.

Several initiatives have been undertaken by DEA to address the problems, which are noteworthy. In February 1997, DEA hosted a National Heroin Conference in Washington, DC. Attendees at this conference included 300 participants from throughout the Nation and around the globe, who gathered to address the rising heroin abuse and trafficking trends.

Additionally, DEA also participated in a regionally based conference held right here in Orlando to discuss heroin trafficking and abuse. This was in August 1997.

In addition to the collective efforts of the law enforcement community to identify and address the heroin epidemic, Congress has also recognized this emerging threat and responded with additional resources. Beginning with the 1998 budget, the DEA has been allotted 268 positions, which includes 119 special agent positions, all of which are dedicated specifically to address the developing heroin situation.

In response to an increased availability of heroin and the high rate of heroin-related overdose deaths in the Orlando area, DEA,

along with our State and local counterparts, have increased our efforts to target, identify and arrest local heroin distributors. As a result, the Orlando resident office was recently upgraded to a district office status within DEA, which will allow it to function at higher levels of efficiency, adding an additional five special agents and one intelligence analyst. Since 1996, the Orlando DEA resident office has tripled the number of heroin investigations.

In 1998, the Central Florida area was designated as a HIDTA, high intensity drug trafficking area, by the Office of National Drug Control Policy. In an effort to address the heroin problem in Orlando, a heroin initiative was also approved. Under the guidance of DEA, a Heroin Task Force Group was initiated which is comprised of DEA special agents and State and local officers from nine other local enforcement agencies. The Heroin Task Force Group's sole initiative is to address the growing heroin threat in the six county Orlando area. The Heroin Task Force also works cooperatively on a daily basis with local drug investigators and homicide detectives to investigate and bring charges against groups or individuals who provide heroin to a person which causes death or serious injury.

DEA's commitment to the heroin problem continues in other ongoing initiatives. The office in Orlando participates with 20 other DEA offices in cities across the Nation experiencing significant heroin problems in what we call the domestic monitoring program. This program provides Federal, State and local enforcement officials with information regarding the nature of domestic heroin trafficking and domestic problems.

In conclusion, what I would like to say is that drug traffickers that control drug production, specifically heroin, in the marketing and distribution in the United States know no national boundaries. They are not bound by fiscal constraints and they utilize the latest technologies and delivery systems available to enhance their illicit activities. It is critical that intelligence gathering and resulting investigations into these monolithic trafficking organizations continue to be coordinated and developed to assist us in meeting the challenge of this ever-increasing threat.

Mr. Chairman and members of the committee, I once again would like to thank you for inviting me here today and whatever questions you have, I will be glad to answer.

[The prepared statement of Mr. Mazzilli follows:]

Remarks by

Vincent Mazzilli
Special Agent in Charge
Miami Field Division
Drug Enforcement Administration
United States Department of Justice

before the

The House Subcommittee on Criminal Justice,
Drug Policy and Human Resources

regarding

Our Drug Crisis: Where Do We Go From Here?

Lake Howell High School
Auditorium
Orlando, Florida
January 22, 1999

NOTE: This is the prepared text and may not reflect changes in actual delivery

Statement of Vincent Mazzilli
Special Agent in Charge
Miami Field Division
Drug Enforcement Administration
before the Subcommittee on Criminal Justice, Drug Policy
and Human Resources
January 22, 1999

Chairman Mica, Members of the Subcommittee: I appreciate the opportunity to appear today to discuss the topic of: *Our Drug Crisis: Where Do We Go From Here?* My comments today will be limited to an objective assessment of the heroin problem which is currently facing the United States. As many of you are aware, heroin trafficking and abuse is not a new issue to law enforcement.

The heroin epidemic originated in the U.S. during the 1950's and 1960's, when ninety-five percent of the heroin being smuggled into the country was entering through New York City. Most of this heroin was distributed throughout the U.S. under the control of traditional American organized crime. In the 1970's, criminal elements within American organized crime began to relinquish their control and influence over the heroin market to criminal groups from Southeast Asia, Southwest Asia, and the Middle East who began to emerge as the preeminent force in heroin production, trafficking and distribution.

Recently, the heroin market has experienced a similar shift, from the domination of Southeast Asian heroin just a few years ago, to the increased penetration in the wholesale and retail markets by South American criminal groups, trafficking in South American heroin, especially in the larger East Coast cities.

In recent years, law enforcement investigations and various indicator data, began to reflect that the nation's largest heroin markets, located in New York, Boston, Newark, Baltimore, and Philadelphia were dominated by South American heroin. During the same time frame, the purity of this South American-produced heroin was reaching record highs. A combination of higher heroin purity, low prices, and ready availability has taken its toll on cities such as Orlando,

Baltimore, and Plano, Texas. Today's heroin mortality figures are the highest ever recorded. Close to 4,000 people have died of heroin overdoses in each of the last four years. These mortality figures exceed even those which occurred during the 1970's, when heroin overdose deaths reached a high point of just over 2,000. As a result of these disturbing trends, law enforcement and our demand reduction counterparts across the U.S. have aggressively addressed this growing threat.

The dramatic increase in street-level heroin purity has contributed to greater trauma and death. The situation we face today, one of high rates of trauma in our emergency rooms and high mortality rates among heroin users, was brought about by strategic management decisions made by both Colombia and Mexico-based trafficking organizations to increase their respective shares of the lucrative U.S. heroin market.

In the early 1990's, independent traffickers from Colombia began to supply retail level outlets for heroin distribution, primarily in the Northeastern U.S., with high quality, high purity heroin. Colombian traffickers had spent several years cultivating opium and refining their heroin production capabilities, positioning themselves to take advantage of the gradually diminishing crack cocaine market. By supplying heroin dealers with high purity heroin to be given away as free samples, and by establishing "brand name" heroin, to garner customer loyalty, the Colombian traffickers quickly gained a foothold in the burgeoning heroin markets along the East Coast. These traffickers in South American heroin have virtually squeezed the ethnic Chinese criminal networks out of the market in the Northeast by offering not only high purity heroin at competitive prices, but frequently providing easier terms for purchase. Colombia trafficking organizations often provide heroin on consignment or offer credit on transactions. Few buyers of South American heroin dare renege on any agreement with Colombian traffickers due to their fierce reputation for strict enforcement on drug transactions. Colombian traffickers also began using Puerto Rico as a major transit area for distribution of their product to places such as Florida and Louisiana.

Of the estimated six metric tons of heroin produced in Colombia during 1997, virtually all was believed to be destined for the U.S. market. The heroin trade in Colombia remains in the hands of independent trafficking groups, with preliminary information indicating the involvement of certain major traffickers in the North Valle area. Heroin appears to be produced primarily in the Pereira

region of Colombia. South American heroin is also emerging in such geographically diverse cities as Washington, D.C., Atlanta, Miami, Ft. Lauderdale, New Orleans, Detroit, Chicago, and Orlando.

The use of couriers traveling on commercial airlines is the primary means by which Colombia-based groups smuggle their heroin to U.S. markets. In the Continental U.S., the principal cities of importation are Miami and New York. The heroin is either smuggled directly into Miami or New York, or via transit points such as Puerto Rico, Costa Rica, Argentina, Ecuador, the Dominican Republic, Panama, Venezuela, and Mexico. Couriers employ a variety of means to smuggle heroin into the U.S., which includes the use of false-sided suitcases, body packs, and internal body carries. Once the heroin enters the United States, it is transported through a variety of methods such as domestic flights, private vehicles, trains, and buses, to retail markets. The criminal networks operating in Colombia frequently rely upon criminal organizations from the Dominican Republic who have distribution systems already in place in Puerto Rico and on Hispaniola.

With the influx of high purity heroin from South America, Orlando and other U.S. cities, began to experience a dramatic shift in abuser populations. As recently as the early 1990's, the heroin problem in Orlando, as with much of the rest of the U.S., was typically associated with a limited addict population. High purity heroin has enabled users to administer the drug by "snorting" or smoking rather than by injection. This has drawn many new users, in particular teens, into the abuse of heroin. The glamorization of the use of heroin by the media has also contributed to the rise in the abuse of heroin, which has fueled the mistaken belief that heroin administered by snorting or smoking is not addictive, nor as deadly as intravenous use.

Data from the Drug Abuse Warning Network (DAWN) indicate a steady rise in the heroin addict population and related emergency room episodes beginning in 1990. These levels peaked in 1995 at 72,229, before falling in 1996 to 70,463. Heroin-related deaths more than doubled from 1,980 in 1990 to 3,980 in 1996.

Colombian-based trafficking groups have successfully exploited the existing and highly efficient retail drug distribution networks predominantly controlled by ethnic Dominican criminals operating in the Northeast. The Drug Enforcement Administration's (DEA) investigative reporting and indicator programs have tracked this increasing dominance of South American heroin since 1993. According to our Domestic Monitoring Program (DMP), the national average purity of all heroin in the U.S. is approximately 38.5 percent. South American heroin registers seventy to eighty percent pure in key East Coast heroin markets. Reportedly, levels in Orlando have reached as high as 92 percent at the street level.

This high purity South American heroin, low prices, and ready availability in East Coast drug markets has had an adverse affect on may East Coast communities such as Baltimore and Orlando. Novice and long-term heroin users alike, began dying at alarming rates. In Orlando, in 1996, for example, 37 people, many of them surprisingly young, died from heroin overdoes related to high purity. In 1996, Baltimore led the nation's emergency room mentions.

An article in *The Orlando Sentinel*, dated January 17, 1999, reports that heroin overdoses were responsible for the deaths of twice as many people in 1998 as in 1997, with the final toll likely breaking fifty once final toxicology reporting statistics are released from area Medical Examiners Offices. In response to the increased availability of heroin, the high rate of heroin-related overdose deaths in the Orlando area, the Orlando DEA, and our state and local counterparts have increased our efforts to target, identify and arrest local heroin distributors.

While law enforcement efforts have always faced many challenges in building heroin investigations, today's heroin trade is in many ways, far more complicated that it has been in the past. The key to our success in fighting the heroin problem is to target the command and control of these criminal organizations through cooperation among Federal, state, local, and international law enforcement. We must also continue our efforts in the partnership we share between law enforcement and the demand reduction community to educate Americans about the dangers of heroin.

As a result, several initiatives have been undertaken by the DEA that are noteworthy. In February, 1997, the DEA hosted a National Heroin Conference in

Washington, D.C. Attendees at this conference included 300 participants from throughout the nation and around the globe, who gathered to address the rising heroin abuse and trafficking trends. Part of this conference was dedicated to examining trafficker strategies for heroin production and to determine why the current climate in our country had made heroin so appealing to this whole new group of heroin abusers. Additionally, the DEA also participated in regionally - based conferences, such as the Central Florida Heroin Trafficking and Abuse Awareness Conference held in Orlando, Florida, during August, 1997. This conference brought together experts from U.S. law enforcement, international law enforcement, as well as experts in the area of demand reduction and prevention. The purpose of this conference was to discuss the major threat posed by South American heroin and develop solutions to the heroin problem.

In addition to the collective efforts of the law enforcement community to identify and address the heroin epidemic, Congress also recognized this emerging threat and responded with additional resources. Beginning with the 1998 budget process the DEA has been allotted an additional 268 positions, which includes 119 Special Agent positions, all of which are dedicated to specifically addressing the developing heroin situation.

Cooperative Efforts to Attack the Heroin Epidemic Facing the Orlando Area

Since 1996, the Orlando DEA District Office has tripled the number of heroin investigations. A majority of these investigations involve the importation and distribution of South American heroin. Nineteen individuals were arrested by DEA's Orlando office in 1996. During Fiscal Year 1998, sixty-nine individuals were arrested, demonstrating the severity of the problem.

In 1998, the Central Florida area was designated as a High Intensity Drug Trafficking Area by the Office of National Drug Control Policy. In an effort to address the situation in Orlando, a Heroin initiative was also approved. Under the guidance of the Orlando DEA, a Heroin Task Force Group was initiated which is comprised of DEA Special Agents and state and local officers from nine other law enforcement agencies. This group began operations in July 1998. The Heroin Task Force Group's sole mission is to address the growing heroin threat in the six county Orlando area. One of the Task Force's first investigative efforts, which

concluded in November, 1998, culminated in the arrest of 14 individuals who were charged Federally, and the seizure of approximately three and one-half pounds of high purity South American heroin. This criminal organization had been responsible for the distribution of over ten pounds of heroin over a three month period. This investigation is continuing into the groups criminal activities. Other Task Force investigations have led to the arrests of 58 individuals on Federal and state charges of trafficking in heroin.

The Heroin Task Force also works cooperatively with local drug abuse investigators and homicide detectives to investigate and bring charges against groups or individuals who provide heroin to a person which causes death or serious injury. Since the inception of the Task Force operations late last summer, 11 individuals have been arrested in the Orlando area and have been charged with violations stemming from overdose death or injury.

DEA's commitment to the heroin problem continues in other ongoing initiatives. In response to the situation in Orlando, the Orlando Resident office was upgraded to a District office to include five additional Special Agent positions and one Intelligence Analyst. The Orlando DEA office also participates with twenty other DEA offices in cities across the nation experiencing significant heroin problems, in the Domestic Monitor Program. This program provides Federal, state and local law enforcement counterparts with information regarding the nature of the domestic heroin problem. Through analysis of samples of heroin obtained in cities across the U.S., information gleaned regarding price and purity, as well as changes and developments in trafficking patterns, marketing practices, and heroin availability, is readily accessible to law enforcement.

Conclusion

Drug Traffickers which control the drug production, marketing and distribution in the United States know no national boundaries and utilize the latest technologies and delivery systems available to enhance their illicit activities. In the early 1990's, Colombia-based traffickers were drawing reportedly on the expertise of both Southwest Asian and Southeast Asian heroin chemists to assist them in the production of the high-purity heroin now flooding the East Coast. Today, Mexico-based trafficking organizations are seeking the expertise of

Colombian-based chemists to increase their heroin marketability for expansion into other markets in the United States. It is critical that intelligence gathering and the resulting investigations into these monolithic trafficking organizations continue to be coordinated and developed to assist us in meeting the challenge of this ever-increasing threat.

Mr. Chairman and Members of the Subcommittee: I appreciate the opportunity to appear before you today to address the drug crisis. I will be happy to answer any questions that you may have.

Mr. MICA. Thank you for your testimony. I would like to start with a few questions and I would first direct a few questions to Governor Martinez.

You were head of our National Drug Control Policy Office as the Drug Czar under I guess it was the Bush administration, and I think if you look at the charts, in those days you at least had a gradual decline in some of the use and some of the deaths and destruction wrought by illegal narcotics, and I think you said that we have changed the policy and started dealing with the casualties more just in treatment.

What happened, in your opinion, and where do we need to change that?

Governor MARTINEZ. I think when in essence you do not have an effective demand control, in essence you are sending out a message that it is no longer important, it is no longer illegal, there are no sanctions, that in essence it will go unrecorded and unpunished. In society, often without sanctions, compliance will not occur among a certain population. Overwhelmingly, American people voluntarily comply with either statutory law or a value law—thou shall not kill, so to speak.

There is a number that no matter what law you pass or how hard you try to enforce it, either they are totally unaware of the effort or could care less that this is taking place. But there is a significant number of people that comply with rules and laws based on sanctions. I am sure that if by April 15, those who report taxes do not report taxes, there is a sanction. And I suspect if you had no sanction, that tax returns on April 15 may not be as compliant as they are today. I suspect that if the State of Florida did not have sanctions for not renewing your driver's license, your auto tag, that compliance with that, with a certain part of the population—not the majority of Floridians or majority of Americans—most people want to comply. But the more you, in essence, excuse or do not enforce, there is this population group that will creep on you doing the wrong thing.

If in fact, we are not enforcing sufficiently; if in fact you are telling the source countries we do not have the resources nor the desire to deal with the problem that you have got with the organized crime organizations that exist there, you are welcome to shift because we are going to take care of those who may use it, I think you will aggravate it. And I think we have aggravated it. Maybe I will say something that you are not able to say, and I am glad to see what Congress has done in 1998 by beefing up again. But in my view, if you look at the budgetary process used over the last 6, 7 years, I do not believe the enforcement side was able to keep up with the necessary resources to deal with a multi-national type effort with limitless resources and technology to carry out their mission. And if you want to reduce the supply, you not only need a good supply reduction program—you obviously need a good demand reduction program, but you need a good supply reduction program like this youngster said, you know, once you fall into the culture, you know where to get it. And if it is cheap to get, unfortunately you will get it.

So, I would say this, bring balance to the program. Do not say treatment is not important because it is important. Do not say de-

mand reduction and prevention and education is not important—it is. But you have got to make enforcement as important as it used to be.

[Applause.]

Governor MARTINEZ. There are laws in the Federal statutes, there are laws in the States all over this country. Enforcement is part of it. In some cases, toughening the penalties that come with the law that is already on the books is important.

But I will tell you what I think you need more than anything else, Congressman, and you are doing this here, you and your committee, by being here—it needs energy. The war against drugs needs energy, it needs to mobilize again. It has to show the parents of these youngsters that somebody cares in the place of authority, that for their efforts there will be sanctions for those who violate them. And the marches against drug use become against something that is not rare and that the employers of this country begin going beyond what they have already done with the drug-free workplace and the drug-free school zones mean something, like getting locked up if you violate them.

So, it is energy that is needed so that people will mobilize and they do not feel that this is a lonely effort that only my family or my neighborhood is involved in because the rest of the Nation is not tied into a system of action.

I think of all the things that I have said, I believe this whole thing of them not having a sufficient pulpit, a sufficient energy to drive volunteerism, to drive law enforcement to carry out the mission, is what is truly missing to make all this work.

Mr. MICA. Thank you.

Sheriff, you had recommended the expanding of the Central Florida HIDTA to include, you said, Brevard and Lake Counties?

Sheriff ESLINGER. Yes.

Mr. MICA. Can you tell me why? Also, since we are dealing with a limited number of Federal dollars, both that you received initially and you are going to get $2.5 million this year, is that going to disburse the money over a wider area less effectively? Maybe you could tell us your recommendation.

Sheriff ESLINGER. Quite simply, we would like to do Brevard County because it is a port of entry, we would like to get their agents from those agencies actively involved. Lake County, they have a tremendous problem and we also would like to provide those resources to them.

The Heroin Task Force, for example, we need additional manpower there and I am certain that we will use the additional money wisely there, not only for enforcement efforts relative to traffickers and smugglers, but also to assist local agencies as liaison agents to the U.S. Attorney's Office for Federal prosecution of the individuals responsible for the death of these 52 people. That is a quite serious top priority of ours.

For those two reasons, I would like to see that those two additional counties be included in the HIDTA designation.

Mr. MICA. Thank you. You have had less than a year really to deal with the organization of the Central Florida HIDTA and also the Federal law and regulations that oversee establishing a HIDTA. My colleague and I will go back and see what needs to be

changed in the law and procedures for HIDTAs as we reauthorize the program.

Also, I am interested in addition to any recommendations you have about how that is operated. I am particularly interested in have you had the cooperation and is this working with Federal, State, local prosecutors, other folks? Is everyone working together? So two part question, if we could.

Sheriff ESLINGER. I will address the level of cooperation first. I am exposed to a lot of different State and local law enforcement organizations throughout the country as a result of my involvement with the National Sheriffs' Association as well as the Community Policing Consortium out of Washington, DC. The level of cooperation between local, State and Federal agencies in this area is unparalleled. I have to tell you that it is just the best I have ever seen or been a part of or ever been exposed to. I can pick up the phone any time day or night and talk directly to the heads of the Federal agencies here locally, special agents in charge, as well as any of our agents and members of other local organizations. They are a tremendous resource to us. We have many initiatives that we work together, including HIDTA. I have to tell you that as well, the U.S. Attorney's Office has been a tremendous resource to us and other local agencies for enhanced enforcement and prosecution of some of these individuals. It has been remarkable.

As far as ONDCP, they have been very responsive. We began on HIDTA processing January 1998, when the executive committee first met. We got on line enforcement-wise probably around June 1. We started receiving funding in August of last year. The level of cooperation between the agencies that are involved—I think 26—I would like to make it more inclusive. There are approximately 60 to 70 different agencies involved or rather are in the HIDTA region currently and I would like to solicit more involvement from local agencies. I think we can better utilize existing resources if we have the proper mechanism in place. As far as ONDCP, they have been very responsive to us.

From a personal and professional viewpoint, it is a little bureaucratic, I guess I am not used to the Federal system like many others are who are involved in the process, but they have been very responsive to our needs, our questions and we do have a good relationship with them.

Mr. MICA. Are they heavy on the paperwork reporting?

Sheriff ESLINGER. I think—and that is what is missing sometimes in a lot of these initiatives, a lack of accountability. We need that. You particularly, as establishing policy throughout the country—it is one thing giving an agency money, but they had better produce when they get that money. I think that is awfully important and ONDCP does a good job in the accountability area.

Mr. MICA. And it is not overdone, it is something you can live with?

Sheriff ESLINGER. Yes.

Mr. MICA. OK. I would like to ask about your opinion, I think that the Governor has talked about the Giuliani zero tolerance policy and we are also seeing some startling statistics out of New York City with dramatic drops in crime and drug abuse cases. Is that

something you think we should adopt for the local community or the State? If so, why; and if not, why not?

Sheriff ESLINGER. Essentially what the Police Commission in New York adopted is a social theory, we have trained all our deputies on that same social theory, by the way. But what we are talking about is zero tolerance. Zero tolerance, we have adopted that policy for any child under the age of 18 that knowingly possesses any alcohol or controlled substance, they will be incarcerated and transported to our juvenile assessment center. All seven municipalities as well in Seminole County have adopted that same policy. That sends a clear message that we are not going to tolerate it—we are not. But I caution you on that, that you have to have a coordinated effort in the entire system in order to implement such a program. We have a number of punitive sanctions and programs, initiatives, that takes care of that—Operation Right Track and a host of others that we could work with the Clerk's Office and the State Attorney's Office and get these children into those programs, those prosecution alternative programs, for those minor offenses.

Governor Martinez began in several different areas minimal mandatory sentences, the last administration, Tallahassee eliminated the majority of those minimal mandatory sentences, and I am certain Governor Bush and the leadership of Senator Jennings will bring that issue forward in this legislative session. So you will see a significant change in the way that the sentencing guidelines are currently structured.

Mr. MICA. Glad to hear that. I will be testifying or participating in the summit next Friday that the Governor has called, and also meeting with our delegations, legislative delegations, and recommending that we toughen some of the State penalties. I think you have expressed, we have heard others express that the Federal penalties are tough and we need to mirror that at the State level; otherwise, we are going to have these folks back out on the street and the penalties are kind of meaningless.

Sheriff ESLINGER. Void of consequences. There is absolutely no deterrent, which is a certainty of apprehension followed by swift and sure punishment, in the State system, it is a void. Hopefully this session, you will see a remarkable change from that.

Mr. MICA. Thank you.

Mr. Mazzilli, the number of DEA agents that we have assigned to Florida, how many, do you know?

Mr. MAZZILLI. For the entire State, sir, it is——

Mr. MICA. I know you are from the Miami Division and you cover central Florida, is that correct?

Mr. MAZZILLI. That is correct, sir, we cover the entire State of Florida and the Bahamas.

Mr. MICA. How many folks do you have in that whole—under your supervision in that whole area?

Mr. MAZZILLI. The table of organization ceiling calls for 425 special agents.

Mr. MICA. And is that adequate to conduct the area that you are charged with enforcement responsibility?

Mr. MAZZILLI. Well, sir, we can always use more resources, we can do more with more. But we have been able to adequately ad-

dress the problem with the current ceiling of agents that we do have on board.

Mr. MICA. Now with the introduction of the HIDTA, have you added agents—what is the complement, if I go back and look at the statistics a year ago for assignment in the central Florida area versus now, what are we looking at, the same numbers?

Mr. MAZZILLI. Sir, I can speak to what we have on board in the Orlando area right now. The Orlando area's table of organization calls for 28 special agents. We currently have approximately 23 on board. This is complemented by approximately 22 deputized State and local officers, they are deputized as task force agents working alongside with our agents and helping us out in the Orlando area.

Mr. MICA. Are these—have you been given new positions?

Mr. MAZZILLI. Yes, sir.

Mr. MICA. And there are five vacancies?

Mr. MAZZILLI. Well, the five vacancies, approximate five vacancies, are due to the creation of five new positions in Orlando.

Mr. MICA. But are you able to fill those? What is the problem with having five vacancies, is it just because the openings have occurred so quickly?

Mr. MAZZILLI. Well, yes, sir, the process takes some time to implement the placement of agents at their duty site.

Mr. MICA. Are you going to take them from the force or are you hiring somewhere else in the system? Are you hiring new ones? How soon can we expect them to be on board?

Mr. MAZZILLI. Well, the five agents that we will actually get in the Orlando area will be additions to the Miami field divisions and additions to the Orlando office, and as far as how long it will take to bring them into the Orlando area, it is usually between 90 and 120 days, 90 at the earliest.

Mr. MICA. One of our major concerns of course is heroin, you also referred to it and we have got our task force on that. I am a little bit concerned and we have to give consideration that we have only been in operation really since last June, but I am not sure if we are making a dent in the quantity of heroin that we are seeing on the streets or coming into the area. Now the Sheriff did give I think a pretty good rundown, but do you think—are you getting an indication that we are impacting the quantity or is this—and where are we in stopping this flow?

Mr. MAZZILLI. Well, sir, the initiative of this task force to attack heroin is at its infancy. As you know, it was started during the summer. Since the summer, the agents and officers assigned to the task force have arrested 58 major heroin traffickers in the Orlando area. Out of the 58, 11 of these defendants were directly implicated with overdose deaths that occurred as a result of their drug dealing. So have we made an impact? I would say certainly. Do we have a ways to go? Certainly.

What we plan in the near future is to subdivide or even possibly form a second group working in this task force to attack the heroin problem that will deal exclusively with overdose deaths that have occurred from heroin. This will enable the other side of this task force group toward traditional heroin investigations rather than to divert their efforts to work homicide type investigations. So I think

we will get better efficiency if we can do that and we plan to do that in the near future.

Mr. MICA. Administrator Constantine discussed that you can trace almost to the field where the heroin is grown these days through technical and chemical analysis. It is still sourced out of Colombia, is that correct?

Mr. MAZZILLI. That is correct, sir.

Mr. MICA. OK, and what is the traffic pattern now? We had a lot coming, transitting through Puerto Rico; is that still the case or have we—we appropriated pretty substantial dollars to put the Coast Guard ring back around Puerto Rico last year. Is that having an impact and are we seeing a change in the pattern from the source?

Mr. MAZZILLI. I think we are still seeing the majority of the heroin that is being trafficked in the Orlando area coming through Puerto Rico. Has that increase in resources had an effect? Yes, possibly, but it takes time to assess what effect additional resources have on a specific program.

What I will say is that heroin violators, drug violators, are a very wily group. If you choke off, for instance Puerto Rico, they will look for another avenue to get it in.

Mr. MICA. How are they bringing it in?

Mr. MAZZILLI. Well, a great deal of the heroin is being brought in by couriers, either body carrying it, concealed in false bottom suitcases or a very traditional way that they bring it in is actually having couriers swallow the heroin and actually digest the heroin and later pass it and put it out on the market. That is a very, very common way that they do it and it is very difficult to detect.

Mr. MICA. Now some of these folks are coming from Colombia and Puerto Rico or the Caribbean region. Do you have enough agents as far as language skills to deal with these folks and undercover folks? Is there any problem in recruiting people who can go after this stuff?

Mr. MAZZILLI. Again, Mr. Chairman, we can always use more. Is there a problem recruiting? Because of the standards that we have when we recruit, it takes a long period of time between the actual recruiting and the backgrounds and the time that we hire them. So it does take time. Can we use more? Certainly.

What I wanted to say before about the Caribbean situation, that is a large ocean and the amount of resources that we have in that could never really address an ocean of that size. So our interdiction efforts have to be based on intelligence. It is like fishing for a needle in a hay stack to try to catch a freighter in the Caribbean coming toward the United States. We have to couple our interdiction effort with good, hard intelligence, whether it is from human source or other sources, it has to be done that way to be effective.

Mr. MICA. What about bringing drugs in from other sources other than Puerto Rico, could you tell me where else we are looking at trafficking patterns, whether it is heroin, cocaine or other drugs?

Mr. MAZZILLI. Well, the one area that directly affects Florida is the Bahamas. There is a great deal of contraband being brought through the Bahamas, and that is a traditional route that has been used for decades for drug smuggling.

Mr. MICA. Are they still using the Jamaican canoes and then using the fast boats off the islands?

Mr. MAZZILLI. They will use any combination that your imagination would produce. They air drop to boats, they go from freighter to go-fast, there are even some instances where they have these large ocean-going go-fasts that are able to make it to U.S. shores. Your imagination is the only bounds.

Mr. MICA. One of my emphases—and we worked back in the 1980's on establishing an Andean strategy, which was to stop them at their source and we know that the heroin is coming from Colombia, and we know that cocaine is coming from Peru and Bolivia, 90 percent of it. Is it a wise expenditure to reinstitute those Andean and source-country eradication and drug source-country programs?

Mr. MAZZILLI. I think everyone on the panel here today, as well as yourself, realizes that fighting the drug problem here in the United States has got to be attacked on many fronts, and it is as strong or as weak as every link in that front. We have spoken about prevention, education, treatment, and it also applies to law enforcement. Law enforcement has to attack the problem at every level, there has to be a strong initiative on every level of the traffic, whether it is the guy down by the school yard selling the grams of coke or heroin to the guy—to the chemist in Colombia making it up. It has to attack every level of the traffic to be effective. If you eliminate just one area, you are not going to be effective, whether that is the street dealer on the corner—if you allow him to sell, it is not going to be effective; or whether it is the chemist in Colombia producing it, it is not going to be effective.

Mr. MICA. Thank you. I will yield now to my colleague, the gentleman from California, Mr. Ose, you are recognized, sir.

Mr. OSE. Thank you, Mr. Chairman.

Sheriff, when you have people out under cover, I presume, buying and arresting, as the days go by, one of the things that I have discovered in the short time I have been able to visit with various sheriffs is that oftentimes the sheriffs or their deputies easily identify the person on the street, they make a $1,000 or $2,000 buy—if I understand correctly, they are then required to arrest that person and thereby lose the chance to go up the chain.

Sheriff ESLINGER. I am not sure if that is the case in California, but it is certainly not the case in Florida.

Mr. OSE. OK, so you have the ability to, if you will, use smaller buys to seed the opportunity to get up the chain?

Sheriff ESLINGER. Yes, and it is done, and the objective in virtually every undercover case is to identify all source of supply connected to that organization.

Mr. OSE. Has it been successful? At some point, it is a huge amount of money that is laid on the table to make a buy.

Sheriff ESLINGER. Yes, that is when we bring DEA in, but yeah, we are successful in many areas. But again, it has got to take the entire system to send a strong deterrent message. The State system in the last 4 years, in our State, the ability to have adequate punitive sanctions have dwindled and with this new administration, this new session, I think that will turn around. We often use the Federal system as a resource in certain investigations to assist us in that manner.

Mr. OSE. One of the other things that has occurred, at least in the Sacramento area, is that the district attorney and the sheriff have gotten together to create what they call a drug court, where all of the cases dealing with drugs go, trying to separate them out of the system. Do you have that here and has that proven effective?

Sheriff ESLINGER. In certain judicial circuits, there is that initiative and that is more the Governor's initiative to bring that statewide and make it available to more judicial circuits throughout the State of Florida.

Mr. OSE. What has been the experience?

Sheriff ESLINGER. I understand it is working relatively well in some of the larger counties. Governor Martinez may have some direct information and knowledge of that.

Mr. OSE. OK, I appreciate your feedback.

You know, the criminals that are involved in this—Mr. Mazzilli, you probably have a better understanding of this—the criminals who are involved in this activity—they are after the money—it is not like they are doing it to further capitalism.

[Bell rings.]

Mr. OSE. I know it is my turn, so—[laughter]—how effective are we at attracting the actual physical cache that comes out of these transactions?

Mr. MAZZILLI. I think we are very effective in doing that. We have several major initiatives that are currently ongoing throughout the United States to track money proceeds, commonly called money laundering investigations, and we have been very successful in doing that. An example of that is a recent case—it is not too recent, but recent notoriety of the investigation, the Nassie David case where, together with some local law enforcement agencies here in the State of Florida as well as the Swiss authorities, we were able to seize $190 million of Nassie David's illegal assets deposited in European bank accounts. So, you know, we have had some tremendous successes in this arena and we continue to use this method of investigation throughout the United States on a national effort.

Mr. OSE. Are there countries of preference, if you will, that people who are engaged in this criminal activity use to ultimately deposit their ill-gotten gains?

Mr. MAZZILLI. Yes, there are countries that, because of their banking laws, enable traffickers to use that particular country as a transshipping area for the money through bank accounts ultimately to end up in South America where these traffickers—where the heads of these organizations live and thrive. However, that is not the only way they are getting money from the United States market to South America. They are actually physically transporting currency out of the United States by various different means into the country of origin, which in most cases is Colombia and Mexico. So the shipment of cash, smuggling cash out of the country, is as much of a problem as smuggling drugs into the country. So we are looking at that also together with the Customs Service.

Mr. OSE. I will have to think about that a little bit more, but I want to go back to the countries that might serve as the depositories for these currency flows. Do we know which countries are preferred depositories for such flows and are our treaties with

those countries adequate to allow us investigative opportunities to identify and recover such funds?

Mr. MAZZILLI. Sir, that is a complicated question that I will get into generally today and will provide you with more specific information later on. In the past——

Mr. OSE. Let us do that later on then. If you can briefly do that, I don't want to spend the chairman's limited time on that—briefly touch on that, if you will.

Mr. MAZZILLI. In the past, the countries of Panama, Belize, Switzerland, Liechtenstein, and there are others that do not come to mind immediately, have been instrumental in the laundering of money. And I do not mean to say that the countries themselves or the governments themselves sanction money laundering—that is not what I mean to say. But as you put it, the country of preference to move money through bank accounts, happened to be those countries at the time. Now as of late, we have been able—the U.S. Government has been able to enter into agreements with these countries to tighten up their banking laws and to work with us in investigations to help track this down. And I will say it for the last time, the trafficking groups are a very wily group. If you shut it down in Panama or in Switzerland, they are going to go to either another country or they are going to go to another technique to get the money out of this country. And that is what they do.

Mr. OSE. They are still criminals.

Mr. MAZZILLI. That is correct.

Mr. OSE. I have two other items, Mr. Chairman, if I may.

I see in this material that I believe in 1996 now under Speaker Hastert's direction, that with respect to Colombia, we authorized the provision of some helicopters to that country for the purpose of going to high elevations and attempting to destroy the poppy fields that are there. Those helicopters, if I am correct, were delivered in October 1998?

I look at the numbers in here and I see that we have an average of 4,000 heroin deaths a year that have grown from approximately 2,000 heroin deaths a year in 1990, so roughly we have 1,000 deaths a year on average more now than we had in 1990.

Mr. MAZZILLI. Roughly 2,000 more.

Mr. OSE. I know, but over that 7-year period, it increased.

Mr. MAZZILLI. Correct.

Mr. OSE. I am kind of curious—over 2,000 a year, if you take the actual numbers, it is 4,000 additional deaths because we could not get those helicopters, for instance, to Colombia to spray these fields and kill this crop. Now obviously that is not the only source.

How much money are we talking about having been involved?

Mr. MAZZILLI. I do not know, sir, I really do not know. I will have to get back to you with that. A lot of that is not handled by DEA field personnel or DEA, a lot of that funding for foreign government initiatives against drugs is handled by the State Department, sir.

Mr. OSE. OK. I am told that we have about $100 million to do that, so for 4,000 lives, we have now managed in 2 years to get a program implemented that will hopefully help save the next 4,000. That is like $25,000 a life, so we have been delaying this program on that basis—I mean that is the consequence? I am asking, I do not know.

Mr. MAZZILLI. I do not know, sir, either. I mean, we really do not get involved in that and I would have to defer.

Mr. OSE. Thank you.

My last question, Governor, from your experience as the Director of the Office of National Drug Control Policy, do we know who these people are who get this money, who are at the far end of the chain?

Governor MARTINEZ. You have reasons to suspect based on intelligence. Without intelligence, you really cannot confirm. You may suspect, but you cannot confirm exactly which bank or which company or which group, and whether it is Panama or Colombia or Switzerland, whatever, is doing the laundering.

But I can recall going into Panama and Bogota and all you saw were tower cranes under construction.

Mr. OSE. Official bird of the country.

Governor MARTINEZ. Yeah. And you wonder how in the world could a country of that size, of that wealth, have so many high-rise buildings going up at one time. Well, to a drug pusher, you can take a loss on a resale, you can control construction, transportation, materials and you are dabbling out the money in smaller sums and putting it through the legal system and then you sell the property at a discount to some legitimate realtor perhaps and then it becomes a legitimate deal. So there are all kinds of ways of doing it, but you do need this information. And at one time, I think we emphasized that more.

You have to get the cooperation of these countries. They are sovereign nations and therefore the only ones who can deal with another sovereign nation is the U.S. Government. And therefore, the carrot and the stick will have to be applied to those countries that we know for a fact are producing the product that is coming here and killing our young people. Either we take an action or we do not take an action. The truth of the matter is we know where it comes from, we often know which groups of people are involved, engaging in that practice. So the question is how is it that we encourage that government to do more than they are doing and we gain greater cooperation from that government. And I think that is something that needs to really be strengthened.

Often what would happen is that the U.S. policy for these countries obviously had more than one issue, it is not just drugs, there are other issues, and therefore, there are times where you may be asked, well, we cannot do this because we are trying to deal with them on this other subject. And if in essence we squeeze here on the drug issue, it may somehow interrupt or interfere with that other mission, whether it is a trade agreement, whatever it may be, that we are dealing with.

So at some point, you have to say look, this is serious enough where it is going to take more than just some other issue dealing with one of these countries that is going to postpone an action by the United States in terms of enforcement and cooperation in that source country.

But without that cooperation, they are still a sovereign nation and we cannot send the DEA with guns out and take over the bank. So it has to be done with greater finesse than that, greater cooperation, greater persuasion. But it can be done; you know, you

can trace money, they do it all the time. The question is do they have the resources to do more of it and when you get to the end of the line, what do you do to that person or that bank or that company that has got it.

Mr. OSE. I know that we got some people in the late 1980's, whose names escape me, who were doing this, particularly Medellin and Cali. Apparently I am aware that there are statutory prescriptions that prevent us from doing this. These are our kids, our young people. I do not understand.

Governor MARTINEZ. I am with you, Congressman. I think much more can be done, whether it takes a sitdown with a tougher bilateral agreement with each of these countries that in essence you have needs, you like to trade with us, you would like to sell your products to us, you would like to have favored nation status with us; and there is a condition for that and the condition for that is we need greater cooperation from your government so that that kind of trade does not penetrate our borders and therefore becomes, frankly, a front burner issue rather than a reserve issue.

Mr. OSE. Policy decision.

Governor MARTINEZ. Policy decision.

Mr. OSE. Made by one person or another, whether they are in Congress or elsewhere.

Governor MARTINEZ. Right. And that is—I will go back to what I have said, that at some point publicly, not only by law, but publicly it needs to be known in a very vocal and a very visible way that this concern of ours with the use of drugs and the sale of drugs in the United States is of sufficient importance to us that we are going to demand more than we have had in the past in terms of cooperation.

Mr. OSE. Thank you, Mr. Chairman.

Mr. MICA. Thank you.

Governor, I was involved in the drafting of the drug certification law which ties our foreign aid and foreign assistance to efforts by countries to eradicate, eliminate drugs. If they cooperate, they are certified to be eligible. That law has come under great attack in the Congress, some want to eliminate it, think we are interfering in the affairs of other countries. None of you share that view. That is one proposal I think the administration last year floated an idea moving the certification by the President to international organizations. What do you think about that?

Governor MARTINEZ. I think we need to seek the assistance of all organizations, but I personally believe that the interests of the United States is best served by the United States and that cannot be jobbed off or contracted out to any other body.

Mr. MICA. So, the Organization of American States should not decide which countries get U.S. trade assistance, financial assistance or foreign aid.

Governor MARTINEZ. That is correct, it is still American resources that are being sent out as aid and it ought to be American policy that makes that decision. And it ought to be American decisions as to which countries get the aid.

Mr. MICA. I am glad to hear your opinion in that regard. Sometimes it is a little bit tough keeping some of the tougher statutes in place and we are probably going to face that challenge again.

One of the reasons for conducting this hearing is that there is a process in law that these countries must be certified and the President will act to either certify or decertify them, the Department of State makes recommendations. That process must be completed by March 1 and report to the Congress and the Congress has the opportunity to act after that. So it has been important that we start our congressional oversight hearings in an expedited fashion here.

With that, I do have additional questions for the panelists, we will have additional questions for both Sheriff Eslinger in regard to the effectiveness of our HIDTA, the resources that are necessary in the coming year—Sheriff, the good news is that we got the award for $2.5 million, the bad news is that we now have to start finding out what we are going to do for the next year. We are always a little bit behind the curve and even though we get into this, we are into this fiscal year. So we look forward to working with you and the HIDTA and those interested, and we will take under consideration your recommendations that it be expanded.

And we always are most pleased with the response we have had from the Drug Enforcement Administration and Tom Constantine, the Director, is just a star in this entire effort to bring the international and national drug enforcement efforts to a coordinated and effective operation. He does an outstanding job. He made a presentation which is about half an hour at this drug summit I attended with him this past weekend and it was absolutely outstanding and I would like to ask unanimous consent that the record include the DEA Administrator's comments from that record. Without objection, so ordered.

[The information referred to follows:]

International Drug Trafficking: Law Enforcement Challenges for the Next Century

by Thomas A. Constantine
Administrator of the
Drug Enforcement Administration
January 1999



Thomas A. Constantine
Administrator

Introduction: The problem posed by international drug trafficking syndicates affects many nations and is growing more complex every year. This paper outlines the history of organized crime involvement in narcotics trafficking and provides information on how American organized crime, and presently, internationally-based organized crime, have adversely affected the quality of life for millions of Americans and citizens of other nations throughout the past several decades. Recently, it has become evident that the international drug groups based in Colombia and Mexico have reached new levels of sophistication and have become a threat not only to their own nations but to other nations in Latin America, the United States and Europe. Their power and influence are being witnessed on an unprecedented scale, and unless innovative, flexible and multi-faceted responses are crafted, these drug trafficking organizations threaten to grow even more powerful in the years ahead. While this paper concentrates on the law enforcement approaches that have been taken over the years to identify, target, arrest and bring to justice organized crime leaders, it is understood that many strategies—including prevention, education, treatment, diplomatic and political actions—must be taken to ensure that nations can successfully confront and repair the damage that international drug trafficking syndicates inflict on every nation they touch.

Key Points: This paper provides background information in a number of areas and makes the following points:

Organized Crime control of narcotics distribution: As a clear picture of American organized crime emerged during the 1950's and 1960's, it was evident that the five organized crime families in New York controlled much of the nation's heroin business. At that time, America's drug problem was limited to a relatively small number of individuals, many of whom lived in urban areas along the East Coast of the United States. During their heyday, American organized crime obtained heroin from their sources of supply in Europe and distributed it to retail markets in a number of communities. The organization's tight structure ensured that information on the extent of their involvement in the drug trade was closely controlled, and they routinely employed violence, intimidation and corruption to further their goals. Eventually, aggressive law enforcement strategies and tactics were designed and employed, particularly under the leadership of Attorney General Robert Kennedy, and these led to the dismantling of American organized crime. One main difference between the American organized crime and the international drug trafficking syndicates that followed was the fact that American organized crime carried out all of their activities on U.S. soil and they therefore were vulnerable to U.S. law enforcement activities. With the breakup of the French Connection, and with the emergence of the Colombian and other international organized crime syndicates as the predominant drug trafficking force from the 1970's to the present day, the American organized crime role in drug trafficking diminished.

The rise of cocaine during the 1970's changed the American drug picture forever: During the 1960's, American attitudes and behaviors regarding drug use began to change dramatically. Only five percent of the population had tried drugs in the early 1960's and that percentage eventually rose to over 30% by 1979, when drug use levels were at their highest. When cocaine came onto the American scene, millions of people believed it was a benign drug that could be used recreationally. The introduction of crack cocaine on a national scale in 1985 ushered in an era of violence, addiction and hopelessness which corresponded to a period when violent crime rates increased over 50%, and murders increased by 31%.

The Colombian cocaine syndicates modeled themselves after American organized crime but were more powerful and ruthless than any of their predecessors: The Colombian groups controlled the cocaine trade from start to finish and their power and influence grew as the cocaine and crack epidemic took hold during the 1970's and 1980's. The Medellin organization established themselves as violent, ruthless drug traffickers who amassed a great fortune at the same time they terrorized Colombia. The Cali organization was more reticent about using the random violence that became the Medellin organization hallmark, but despite their outward demeanor of legitimacy, the Cali group also employed violence on a more specific basis—even in the United States—to intimidate or obtain retribution against rivals, public officials or other individuals. The Cali organizational structure was similar to American organized crime in its tight control of workers and compartmentalized hierarchy, but the Cali organization was far more powerful and sophisticated than any American organized crime families they emulated, with state-of-the-art communications systems, counterintelligence capabilities and transportation networks.

Organized crime groups from Mexico learned lessons from their Colombian predecessors and have assumed a great deal of power in their own right: Drug traffickers from Colombia forged an alliance with well-established poly-drug smugglers from Mexico during the late 1980's. This alliance, the arrest of the Cali leaders in 1995 and 1996, and the Mexico-based syndicates' emergence as major methamphetamine producers and traffickers all contributed to making the Mexico-based groups a major force in international drug trafficking. These organizations are wealthy and violent. Presently the criminal organizations based in Mexico represent the major challenge to victims of crime because of their power, their involvement in the eastward-spreading methamphetamine trade, and their propensity for violence.

The current heroin problem poses a major new threat to the United States: Independent traffickers from Colombia slowly and methodically began producing and trafficking high quality heroin to the United States in the early 1990's. Presently, they have surpassed all of their rivals from Southeast and Southwest Asia in U.S. heroin market share, and their savvy marketing techniques have resulted in a whole new group of heroin users in the United States. Many of these users begin smoking high purity heroin, believing that they will not become addicted; however, recent statistics indicate that many new heroin users have resorted to shooting up, and numbers of them are dying from overdoses.

Law enforcement solutions are effective in identifying, targeting and dismantling drug syndicates and reducing violent crime: Aggressive law enforcement has worked in the United States as is evident in the current diminished state of American organized crime. In Colombia, aggressive law enforcement activities resulted in the dismantling of the Medellin and Cali syndicates. Additionally, law enforcement officials in Italy and Thailand were aggressive in their sustained law enforcement targeting of the command and control mechanisms of organized crime groups, vividly illustrated by the diminished capacity of the mafia in Italy, and the arrest and extradition of several major heroin traffickers from Thailand to the United States. Given sufficient support and time, the law enforcement capabilities in Mexico should improve and lead to similar long-term results. Law enforcement has also had a tremendous impact on the levels of violent crime in communities around the United States; these levels have dropped dramatically in places like New York, Los Angeles and Houston, cities that were hardest hit by the crack epidemic and the proliferation of violent criminals during the past decade. Consistent, aggressive law enforcement is one of the most effective solutions to the problems posed by violent drug trafficking in the United States and in other nations.

Remarks
Administrator Thomas A. Constantine
Drug Enforcement Administration
before the
United Nations Drug Control Program Seminar

I appreciate this opportunity to address the U.N. Drug Control Program Seminar today, and to speak with you on a number of topics that are critical to successfully addressing the complex narcotics problems which unfortunately plague too many of our nations. My comments today will focus on four central points which are woven throughout this presentation. First, that today's world has been transformed during the past thirty years due to rapidly advancing technology, transportation, communications, and political and economic shifts which are even more evident with the collapse of the Soviet Union; second, that the drug distribution problem in the United States, and increasingly, the rest of the world, is controlled by powerful international organized crime syndicates; third, that vigorous law enforcement can and does have a major impact on international organized crime and the international drug trade, when the top leadership of these international syndicates is targeted; and fourth, that law enforcement can and does have a major impact on the violence that has become so closely associated with organized drug distribution.

The American Mafia and Drugs Before 1970

Well before the advent of today's drug epidemic which has affected far too many American communities, American policy-makers were deeply concerned about the impact that organized crime was having on our nation. Over the last eighty-five years, the United States government has initiated a number of major studies or reviews to identify major organized crime groups and gain insight into how these organizations operated. The fact that organized crime controls the distribution of drugs has been substantiated by a number of U.S. Government studies.

During the 1950's, American interest in organized crime dramatically increased. Senator Estes Kefauver convened a Congressional committee in 1950 to investigate the links between interstate gambling and organized crime. During these hearings, the Senators noted that organized crime involvement was also evident in prostitution, drug trafficking, extortion and public corruption. In 1958, a clearer picture of organized crime emerged with the hearings sponsored by the Select Committee on Improper Activities in Labor. This committee was convened after the existence of organized crime, or the mafia, was confirmed by a New York State trooper, Edgar Croswell. Trooper Croswell located a meeting of mafia leaders in the upstate New York village of Appalachin where mob leaders met to discuss plans for greater involvement in the drug trade.

During 1963, Senator McClellan sponsored a series of hearings which clearly demonstrated that the American mafia was alive and well, had a defined structure and code of behavior. Joe Valachi, a low-level member of the mafia, testified about the details of his life in organized crime and presented a first-hand view of La Cosa Nostra. These televised hearings educated average Americans about the violence and intimidations used by the mafia to attain their goals.

The President's Commission on Law Enforcement and Justice, established in 1967, arrived at a definition of organized crime as a "society that seeks to operate outside the control of the American people and their Government. It involves thousands of criminals working within structures as large as those of any corporation." Despite the fact that this definition was written over thirty years ago, it still accurately describes the essential nature of organized crime today.

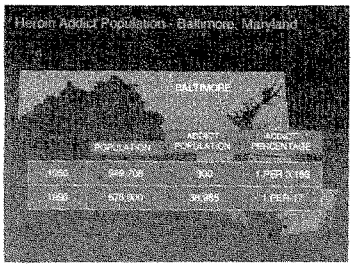
As Government commissions delved into the inner workings of the American mafia, millions of average people learned how the mafia was structured and how it operated. Critical to the success of the mafia was its tight structure: at the top level was a ***boss***, or head of the family; next, an ***underboss***; then a ***consigliere***, or an advisor; then a ***capo*** who oversaw the day to day work of the organization; and then the ***soldier***, who carried out the criminal activities of the group. The American mafia was controlled by twenty-four families, all of whom lived and operated within the United States. Their day-to-day activities included racketeering, prostitution, gambling, drugs, murders for hire, intimidation and protection rackets. To understand the scale of organized crime during the 1960's and 1970's it is important to note that New York's Genovese family included as many as twenty capos and 450 soldiers who carried out orders. Violence and intimidation were also a routine part of the mafia's inner workings, including the use of violence to protect their organization and target public officials for assassination.

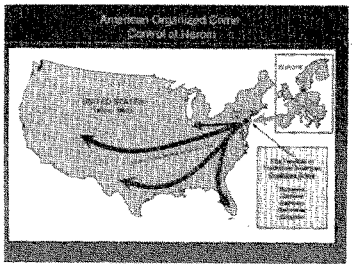
The role of violence and intimidation were well-illustrated at the 1963 McClellan hearings and amplified twenty-three years later during the 1986 President's Commission on Organized Crime. In their final report, the commission wrote that: "Violence and the threat of violence are an integral part of the criminal group. Both are used as means of control and protection against members of the group who violate their commitment and those outside the group to protect it and maximize its power. Members were expected to commit, condone or authorize violent acts."

The Commission also noted the propensity for organized crime to breed corruption and flourish in an environment of corrupt officials. "Corruption is the central tool of the criminal protectors. The criminal group relies on a network of corrupt officials to protect the group from the criminal justice system. The success of organized crime is dependent upon this buffer, which helps to protect the criminal group from both civil and criminal government action." Violence, intimidation and corruption continue today to be essential tools used by international organized crime —particularly the international organized drug syndicates operating from Colombia and Mexico—to ensure their dominant positions in the world today.

The history of organized crime cannot be accurately told without a brief overview of the history of America's drug problem. Early on, reporting on American drug addiction was done at the federal, state and local levels by social service agencies. Gradually, federal law enforcement agencies became involved in reporting on addiction levels, and the Federal Bureau of Narcotics (FBN), a predecessor agency of the Drug Enforcement Administration gathered statistics on drug addiction during the mid 1950's. By 1957, the FBN estimated that there were over 44,000 addicts, although many experts believed the number was closer to 100,000.

A snapshot of the drug situation in Baltimore, Maryland in 1950 compared with 1997 illustrates how the scale of the drug problem has changed dramatically over the years. In 1950, Baltimore had 300 addicts out of a population of 949,708, meaning that one in 3166 individuals residing in Baltimore was a heroin addict. In 1997, 38,985 heroin addicts were reported in Baltimore, representing the fact that there is now one heroin addict for every 17 residents of Baltimore.





While the type of drug used by these drug addicts was not specified in FBN reporting, the predominant drug of choice at the time was heroin. And with the majority of addicts reported in the New York area, it is no surprise to learn that the five mafia families of New York controlled the heroin market in 20 major cities around the nation. Reporting on the heroin situation during the 1950's-1970's, the President's Commission on Law Enforcement in 1986 stated that: "the LCN (Cosa Nostra) controlled an estimated 95% of all of the heroin entering New York City, as well as most of the heroin distributed throughout the United States." New York's crime families obtained heroin from their Corsican sources who worked with French seamen to bring the heroin to the United States. Once there, it was distributed by the organized crime families to dealers working in low-income, minority communities.

Changes in the heroin trade between the 1950's and the late 1970's resulted in new sources of heroin available on the streets of the United States, and paved the way for the introduction of cocaine during the seventies. After the French Connection was broken, and the American mob's source of supply diminished, New York was no longer the main focus of drug trafficking activities.

In 1986, the President's Commission on Organized Crime reported that the mafia's monopoly on heroin distribution ended in 1972 "when under diplomatic pressure from the United States, Turkey banned opium production and the French Connection collapsed. Amsterdam replaced Marseilles as the center of European heroin traffic, and Chicago, Los Angeles, and Miami joined New York City as major U.S. distribution centers. Other trafficking groups rose to compete with the LCN for heroin dollars in New York City and throughout the country."

The Rise of Cocaine

When cocaine entered the American drug scene in the 1970's, no one predicted how this drug would change the nature and scope of the international drug trade forever. Societal changes in America during the 1960's prepared the way for this new drug epidemic; the prevalence of illicit drug use in the United States had increased dramatically in a short period of time. During the sixties, less than five percent of the population had an experience with illicit drugs. By the early 1970's, that percentage had doubled to over 10%, and by 1979, when drug use in America peaked with almost a third of the population having tried drugs during a lifetime, it was clear that millions of Americans viewed drug use as normalized behavior.

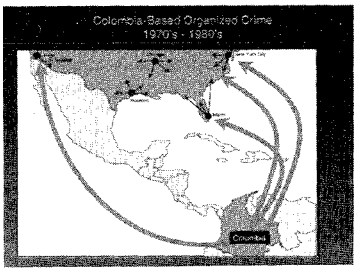
Prior to the 1960's American drug use was limited to specific segments of American society—artists, underworld elites, and individuals living on the edge of society. When cocaine was aggressively marketed during the 1970's as a benign, chic drug, Americans believed that it could be used recreationally without long-term consequences. Few people fully understood the addictive nature of cocaine and it was not until the crack epidemic in the 1980's played out that American society appreciated how dangerous and destructive cocaine really was.

Crack was first reported in California and Texas, and its abuse was considered a local problem until 1985 when it spread quickly to almost every state and its use had become a major national medical and law enforcement crisis. Crack was far more addictive than powder cocaine and was marketed as a low-price alternative to cocaine, making it readily available to poor people in urban and rural areas. It also created tremendous violence in the user and contributed significantly to the escalating crime rates and social problems which plagued America during the 1980's and early 1990's. Between 1984 and 1993, when the crack epidemic raged, violent crime in the United States increased over 50% and murders increased by 31%.

But the most dramatic change wrought by the introduction of cocaine to America in the last twenty five years was the rise of the international organized criminal syndicates from Colombia.

Organized Crime in the 1980's: Cocaine and the Colombian Mafias

At the epicenter of the modern drug trade, Colombian drug mafias thrived in an atmosphere of violence, intimidation and corruption. They took advantage of their country's geography to build an empire of unprecedented proportions. Close to Bolivia and Peru, where coca had been grown for centuries, Colombia had coastlines on the Pacific Ocean and the Caribbean Sea, giving traffickers ample routes to send their product to the United States. The first major cocaine organizations to dominate the trade were based in Medellin, Colombia. The Medellin group, led by Pablo Escobar, Carlos Lehder, the Ochoa brothers and Gonzalo Rodriguez Gacha, was organized along the model of a multi-national corporation with regional cocaine manufacturing and distribution networks controlled by mid-level managers who transported cocaine to the United States and Europe by air, land and sea. These organizations also established complex international financial networks to launder their cocaine profits.



Violence and intimidation were also essential to the criminal enterprises of the Medellin group who employed an army of security forces to carry out acts of terror and assassinations. These private armies murdered hundreds of Colombian police officials, judges, journalists, and innocent people, including a Justice Minister and Presidential candidate. Two terrorist acts carried out by the Medellin group included the bombing of an Avianca airliner in 1989, which killed 110 people, and the bombing of the Department of Administrative Security (DAS) headquarters in December 1989, which killed 50 people and wounded 200.

Eventually, the Medellin cartel fell as its leaders were arrested or killed. Carlos Lehder was extradited to the United States in 1987 and Rodriguez Gacha was killed in a shootout with Colombian authorities in 1989. Extradition was outlawed by the Colombian Government in 1991 and soon after, the Ochoa brothers and Pablo Escobar surrendered to the Government to take advantage of the lenient sentences and prison conditions available to them. After a period during which Escobar ran his lucrative cocaine business from Envigado Prison, and after ordering the killing of a score of his associates, Escobar escaped from prison but was killed in a shootout with police in December 1993, after a lengthy manhunt by Colombian police officials.

As the Medellin cartel disintegrated, the Cali mafia quietly coalesced and assumed power equal to their predecessors.' Beginning as a loose association of five independent drug trafficking organizations, the Cali mafia employed many of the principles used by the traditional Italian mafia. Led by the Rodriguez-Orejuela brothers, Jose Santa Cruz Londono and Pacho Herrera, the Cali mafia was far more sophisticated than the Medellin group and eventually became deeply involved in all aspects of the cocaine trade, including production, transportation, wholesale distribution and money laundering. Whereas the Medellin group seemed to revel in the terror and violence that became their trademark—and ultimately contributed to their downfall—the Cali mafia attempted to avoid indiscriminate violence, further contributing to their image as legitimate businessmen.

However, when the Cali mafia employed violence to attain their goals—and they frequently did—it was precise and exacting. In the aftermath of the arrests of the Cali drug mafia leaders by the Colombian National Police in 1995, Cali assassins killed more than a dozen suspected government informants. They also used violence within the United States when necessary, as evidenced in the murder of the journalist Manuel de Dios Unanue, an outspoken critic of the Cali mafia who was murdered in Queens, New York in 1992. In May, 1996, John Harold Mena, who was in charge of the Cali mafia's New York operations testified in court that Jose Santacruz Londono had ordered de Dios' murder.

A key to the Cali mafia's success was its tight organizational structure. Their vast responsibilities and their intricate distribution networks in the United States necessitated that the Cali mafia rely on a sophisticated system which ensured maximum efficiency and minimal risk. Drug trafficking organizations from Colombia had always controlled the cocaine trade from top to bottom. Within South America, the Cali mafia, and before them, the Medellin group, depended upon the acquisition of tons of coca products from Bolivia and Peru which was then converted into cocaine HCl, generally in Colombia. These labs in Colombia ranged from simple labs to complex compounds where it was possible to produce up to one metric ton of cocaine per week.

The mafias also devised ingenious ways to deliver tons of cocaine to the United States and Europe over the years. Routes and techniques have been refined during the past several decades, and today over half of the cocaine entering the United States is shipped from Colombia through Mexico. Currently, maritime vessels are the primary means used by traffickers to smuggle cocaine from South America to Mexico, using the Pacific or Caribbean routes; traffickers are also using the highways of Central America to transport tons of cocaine from Colombia into Mexico. For a period of time, it was customary for traffickers from Colombia to ship metric ton quantities of cocaine into Mexico by plane but that method is less common at the current time. Once the cocaine is safely delivered to traffickers in Mexico, independent Mexico-based transportation groups subcontracted by the Colombian trafficking organizations arrange for the delivery of the cocaine to contacts within the United States.

Colombian Mafia Structure Within the United States

During their heyday, the Cali mafia also relied on a complex distribution network within the United States, and the system they set in place is still being used on a daily basis in many major U.S. cities. Using an intricate system of "cells" within the United States, the Colombian trafficking groups set up a presence in a number of geographic areas. Using the cell model employed by international terrorist organizations, the Colombian mafias carry out specialized functions such as the storage of cocaine, transportation, communications, money laundering, security, wholesale distribution, personnel and inventory, which are all handled by employees of the cell. Each cell employs between 10-25 individuals who operate with little or no knowledge about the membership or responsibilities of other cells carrying out tasks within the same or other cities.

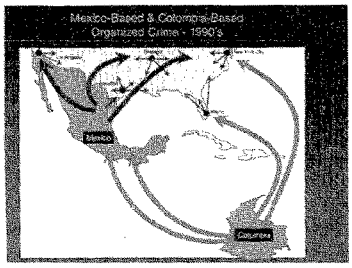
Typically, the head of each cell reports to a regional director who manages several cells. This regional director, in turn, reports directly to one of the major drug lords of a particular organization or their designee, based in Colombia. Characterizing the way these groups operate is a rigid, top-down command and control structure where trusted lieutenants have day-to-day operating responsibilities, with the ultimate power residing in those leaders in Colombia. Upper echelon members of these cells are generally family members or long time associates who have gained the trust of the handful of mafia leaders running the empire. The cell heads are typically recruited for the mafia's overseas assignments from the criminal "talent pool" in the syndicate stronghold cities of Cali, Medellin or Bogota. The cells are also comprised of other trustworthy individuals from Colombia, the Dominican Republic or Cuba, for instance.

Because the mafia bosses are headquartered overseas, it is necessary for them to establish a workable communications system which protects the content of their communications and provides operatives with enough information to accomplish specific tasks. The cell members report on a daily basis to their bosses in Colombia using cellular phones, faxes, pagers and other communications methods. Additionally, the drug lords have employed an aggressive counter-surveillance system to thwart law enforcement including the use of staged drug transactions on communications devices they believe are monitored; limited-time use of cell phones and pagers (generally 2-4 weeks); calling cards and encrypted communications devices.

The Colombian trafficking groups have traditionally concentrated their activities on the wholesale drug distribution level and have employed an army of operatives within the United States to distribute drugs on a retail basis. Criminals from diverse ethnic groups including Dominicans, Mexicans, Cubans, Jamaicans, as well as African Americans, are used by Colombian drug bosses to distribute cocaine, crack, and now heroin. The groups involved in drug retailing—including established gangs such as the Crips, the Bloods and Jamaican "posses"—are those groups predominantly responsible for the violence and murders that characterize the crack trade within the United States.

The Rise of Organized Crime Groups from Mexico in the 1990's

The influence and power of organized crime groups from Mexico, fueled by the enormous profits generated by their involvement in the drug trade, has increased significantly over the past several decades, and were bolstered by the involvement of Mexican groups in the cocaine distribution business during the late 1980's and 1990's. When law enforcement attention and activity increased in the Caribbean and South Florida area during the 1980's, cocaine traffickers began using Mexico as a conduit for U.S.-based cocaine shipments. Because traffickers from Mexico had established themselves as capable poly-drug smugglers over the years, Colombian trafficking organizations found a solid transportation infrastructure and ample expertise to assist them in getting their drugs to market.



By the late 1980's, an estimated 50-70% of the cocaine available in the United States entered through Mexico. Today, Mexico remains as the primary corridor for cocaine, and now methamphetamine. Beginning in the late eighties and evolving into the 1990's, the role of traffickers from Mexico began to change dramatically as traffickers from Colombia began to pay Mexico-based transporters in cocaine—sometimes as much as half of the load—rather than cash as compensation for their transportation services. Organized crime figures from Mexico began using their long-established contacts to emerge as major cocaine traffickers in their own right, especially after the arrest of the Cali mafia leaders in 1995. Today, the U.S. cocaine market is divided, with traffickers from Mexico dominating cocaine markets in the West, and increasingly, in the Midwest. Groups from Colombia and the Dominican Republic still control cocaine trafficking along the East Coast of the United States, although there are recent indications that traffickers from Mexico are becoming deeply involved in cocaine trafficking to places like New York. In the last two years, Mexican cells within the United States have grown in size and influence and are expanding their power in cocaine markets long dominated by Colombians, such as New York and Chicago.

In addition to gaining a prominent role in cocaine trafficking during the early 1990's, traffickers from Mexico, who had always been skilled in the production and trafficking of numerous drugs, committed themselves to large-scale methamphetamine production and trafficking during this same period. Methamphetamine, which had appealed to a relatively small number of American users, re-emerged as a major drug of choice during the mid-1990's. Traditionally controlled by outlaw motorcycle gangs, methamphetamine production and trafficking was now being entirely controlled by organized crime drug groups from Mexico, operating in that country and in California.

Statistics demonstrated that methamphetamine use and availability had dramatically increased in a short period of time. The Drug Abuse Warning Network (DAWN) indicated that emergency room episodes involving methamphetamine increased from 4900 in 1991 to 17,400 in 1997, an increase of 280%. The areas hardest hit by the meth epidemic were Dallas, Denver, Los Angeles, Minneapolis, Phoenix, San Diego, San Francisco and Seattle. Concurrently, law enforcement seizures of methamphetamine and methamphetamine laboratories were also increasing. Seizures along the Southwest Border, the epicenter of the trafficking activities of organizations from Mexico, increased from 7 kilograms in 1992 to almost 1400 kilograms in 1998. During the same period of time, seizures of methamphetamine transported by Mexican nationals on U.S. highways increased from 1 kilogram in 1993 to 383 in 1998.

At the present time, methamphetamine trafficking and abuse are spreading across the United States at an alarming rate. With their primary methamphetamine production headquartered in remote areas of California, the surrogates of Mexican organized crime groups are also establishing a presence in cities in the Midwest, the deep South and the East Coast in order to further their business goals.

Organized criminal groups from Mexico have not yet joined together and evolved into a monolithic entity like the Medellin group or the Cali mafia. Several powerful and violent organizations exist and operate today from headquarters in a number of Mexican cities. The Carillo Fuentes organization out of Juarez remains one of the most powerful of the Mexican organized crime families despite the death of its leader, Amado in 1997. The Tijuana Cartel, also known as the Arellano Felix organization, operates in Sinaloa, Jalisco, Michoacan, Chiapas and Baja California. This violent group orchestrates the shipment of multi-ton quantities of cocaine and marijuana to the United States, and is also responsible for heroin and methamphetamine production and trafficking. Assassins on the payroll of this organization operate on the streets of San Diego and are responsible for many violent activities in Mexico and the United States.

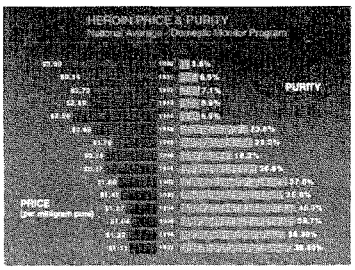
The Amezcua brothers are major methamphetamine producers and traffickers, relying on their expert smuggling skills to obtain vast quantities of the precursor chemicals necessary for large-scale methamphetamine production. The other major narcotics organized crime family operating in Mexico today is the Caro Quintero organization out of Sonora, Mexico. They are responsible for marijuana production and smuggling, as well as heroin and cocaine trafficking. Most of the major organized crime narcotics traffickers in Mexico today have been indicted within the United States for their involvement in cases or seizures in the U.S.

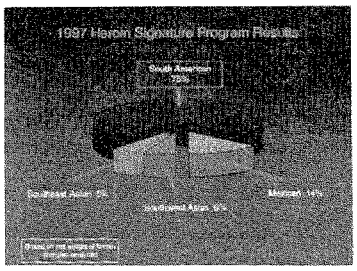
Like the mafia groups from the United States and Colombia that preceded them, organized crime syndicates from Mexico are extremely violent and routinely employ intimidation and the corruption of public officials to achieve their objectives. There have been numerous incidents which illustrate the ruthlessness of these organizations, including the recent gangland-style massacre of 22 people in Baja California Norte carried out by rival drug traffickers this past September.

Heroin's Re-emergence in the United States

Heroin did not disappear from America when the mafia's Corsican supply of heroin was eliminated in 1972. Over time, other sources of supply emerged from Southeast Asia, Southwest Asia and the Middle East and the American mafia continued to distribute heroin to users mostly concentrated in major cities.

However, the current heroin problem that has emerged in the United States is controlled not by American organized crime, but by a new group of international organized crime figures from Colombia. In much the same way that their Medellin and Cali predecessors ensured their dominance over the cocaine trade in the 1980's, heroin traffickers from Colombia are employing savvy marketing concepts to successfully rebuild American users' interest in heroin.





Beginning in the early 1990's, independent traffickers from Colombia began to supply retail level outlets primarily in the Northeast United States with high quality, pure heroin. Colombian traffickers had spent several years cultivating opium and refining their heroin production capabilities, positioning themselves to take advantage of a gradually diminishing crack market. By supplying dealers with high purity heroin to give away as free samples, and by establishing "brand names" to garner customer loyalty, Colombian traffickers quickly gained a foothold in the burgeoning heroin market in cities such as New York, Boston and Philadelphia. They also began using Puerto Rico as a major transit area to distribute their product to places such as Florida and New Orleans. Colombian heroin was also more attractive than competitors' supplies because of its low price—$75,000 per kilo in New York City—and its extremely high purity.

Through a variety of programs DEA has had in place over the years, the dominance of Colombian heroin was confirmed. In 1997, 75% of the heroin seized and analyzed by federal law enforcement came from South America; in 1989, 88% of the heroin analyzed was of Southeast Asian origin.

The Law Enforcement Response

America's long experience with organized crime over the decades necessitated the development and execution of an aggressive strategy to identify, target and incapacitate the leadership of these organizations. During the 1960's, Attorney General Robert Kennedy intensified law enforcement efforts aimed at the mafia, and the successful result of this approach is evident in the current diminished state of the American mafia today. By establishing a program of nation-wide strike forces and sophisticated investigative strategies that ultimately broke the "code of silence" which protected mafias for so long, and by attacking the command and control of mafia organizations, U.S. law enforcement since the 1960's has successfully addressed the organized crime problem which had threatened America for decades.

DEA employs a similar, aggressive strategy against the leaders of international organized crime groups who are responsible for the distribution of narcotics into and within the United States. One key difference between this strategy and the one that guided law enforcement's efforts to dismantle the American mafia is a recognition that the leadership of today's international drug syndicates reside and operate in foreign countries. The American mafia leaders carried out all of their operations on U.S. soil and lived in American cities and communities, vastly enhancing the capabilities of U.S. law enforcement to ultimately apprehend them and bring them to justice.

DEA's approach is threefold. First, attack the principal leadership of these international organized crime syndicates who operate outside of our geographical boundaries by building solid cases against them and indicting them, often repetitively, in U.S. jurisdictions. Second, attack the surrogates of these international drug lords who operate on U.S. soil, represent the highest levels of the command and control structure of these organizations and are responsible for carrying out the orders of their bosses. And third, attack the leaders of the domestic gangs who distribute drugs in local communities and are responsible for the vast majority of the violent crimes that are associated with their drug activities.

Accomplishing these goals is possible when a variety of investigative tools are used and when U.S. law enforcement officials have a sound and productive working relationship with their foreign counterparts. Within the United States, DEA employs complex wiretap and other communication intercept investigations to identify these organizations at all levels, and to obtain actionable information which can lead to the dismantling of these organizations. Drug seizures are also exploited to their fullest potential by gathering information gleaned during controlled deliveries that further identify important cell members and their modes of operation. Additionally, complex long-term conspiracy investigations are conducted to gain critical information on the way these organizations operate and to build solid cases against the leaders of these syndicates who presume they are "untouchable." Close coordination with other law enforcement entities within the United States and with foreign law enforcement counterparts also greatly enhances the potential and actual success of these investigations.

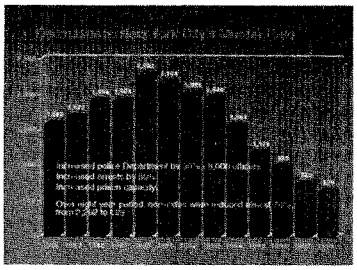
By employing the abovementioned strategy, it has been possible for DEA and numerous law enforcement partners around the world to achieve many notable successes. One recent example is the successful cooperative working relationship between DEA and the Colombian National Police (CNP) which led to the arrest and incarceration of the top leadership of the Cali mafia in 1995 and 1996. As has always been the case with organized crime, the Cali mafia members attempted to repeatedly thwart law enforcement's efforts to apprehend them through intimidation and corruption. Key workers within Cali cells in the United States were under real threats of violence and possibly murder if they cooperated with law enforcement in any way, a point that was illustrated by a Colombian job application that was seized by DEA during a raid in New York. The application specified the need for the applicant to list relatives living in Colombia in a clear attempt by the Cali mafia to gain human collateral to hold against their workers in the United States.

While the difficulties faced by law enforcement to dismantle the mafias in the United States and Colombia seemed almost insurmountable at times, they pale in comparison to those faced in current efforts to bring the leaders of Mexican organized crime groups to justice. Today's international organized crime groups based in Mexico are extremely powerful, involved in a variety of diverse drug trafficking activities, and have closer geographic proximity to the United States than did their Cali mafia counterparts. The infiltration of criminals from Mexico into numerous U.S. communities, including areas where organized crime does not usually operate, further complicates the problem.

The criminal organizations in Mexico have become increasingly more powerful over the past five years. The Government of Mexico, after having determined that trafficking organizations had compromised virtually all of that nation's civilian law enforcement organizations, directed that the Mexican military would assume responsibility for targeting drug trafficking organizations until critical improvements in the law enforcement organizations could be made. Government of Mexico officials have stated that it will take years for Mexican institutions to gain the professionalism and integrity necessary to mount an all-out assault on organized crime and drug trafficking organizations operating in that nation. The obstacles facing law enforcement are enormous in Mexico: traffickers are used to operating in an environment where drug traffickers routinely intimidate, bribe and corrupt officials, making it very difficult for law enforcement in the United States to confidently share information without the potential for compromise.

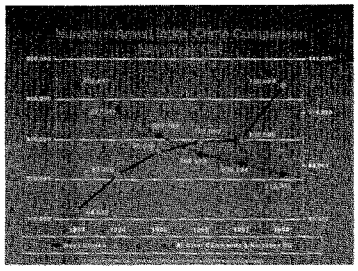
There have been intensified attempts to improve the present situation facing U.S. and Mexican law enforcement, including the formation of specially trained and well equipped teams that have been screened to ensure the highest degree of integrity. However, to date, these initiatives have resulted in limited success and progress has been disappointingly slow.

Despite these obstacles, DEA believes that the application of aggressive law enforcement principles and techniques is the most successful way to dismantle international organized crime syndicates. Within the last several years, it has become very clear that the recent reductions in the violent crime rate within the United States —now at levels not seen since the 1960's—are due to aggressive law enforcement at all levels.



The New York City example is perhaps the most compelling illustration of this point. In the early 1990's, after three decades of rapidly increasing levels of violent crime which were exacerbated by the crack epidemic, the City of New York embarked upon an ambitious program to enhance its law enforcement capabilities. In this instance, public opinion played a large role in galvanizing support for tougher law enforcement after a 22 year old tourist from Utah was killed in a Manhattan subway while trying to protect his parents from thieves. The political leaders of the city and the state came together to determine how best to turn the terrible tide of violent crime around. City leaders increased the police department by 30%, adding 8000 officers. Arrests for all crimes, including drug dealing, drug gang activity and quality of life violations which had been tolerated for many years, increased by 50%. The capacity of New York prisons was also increased. The results of these actions were dramatic: the total number of homicides in 1998—629—was less than the number of murders recorded in 1964. Over an eight year period the number of homicides was reduced from 2262 to 629—a reduction of almost 70%.

DEA has also been aggressive in developing and implementing programs to reduce violent narcotics-related crime. One enforcement program, the Mobile Enforcement Teams, lends support to local and state law enforcement agencies that are experiencing problems arising from violent drug related crime in their communities. The results of this program over the past four years indicate that aggressive enforcement of drug laws does have a lasting impact on reducing crime and improving the quality of life for residents of communities across the nation. Statistics indicate that on average, communities participating in the MET program have seen a 12% reduction in homicides.



Aggressive law enforcement that targets the command and control of organized crime groups and neutralizes mafias' abilities to intimidate and corrupt, has worked in the United States and in Colombia, as was mentioned previously. There are other countries where this is also true. In Italy, experts proved that aggressive law enforcement was the most effective tool in Italy's efforts to eliminate the mafia. The Government of Thailand also demonstrated the value of sustained law enforcement efforts when the top leadership of the Shan United Army, Khun Sa's powerful and until then "untouchable" heroin trafficking organization, was arrested in 1994. Several members of this leadership were extradited to the United States where they faced justice for their crimes.

Conclusion

The problem of organized criminal syndicates' involvement in narcotics trafficking is now facing many governments and societies. The international criminal organizations operating on a global basis today represent the gravest criminal threat that our nations have ever faced at any time during our history. But history has also taught us that consistent, aggressive law enforcement can and does work when coordinated resources and will are focused on eliminating the command and control structure of these organizations, and eliminating the environments of intimidation, corruption and violence which allow these organizations to flourish.

In the coming decades, it will be critical for all of our nations to make a strong commitment to use all of the tools available to us to fight international criminal organizations as they become more deeply involved in the global narcotics trade. It is important for us as we craft our response, to ensure that we match the traffickers' flexibility and resources to enhance our potential for success. During the coming years, it will be necessary for governments to marshal the resources and expertise of diplomats, political leaders and opinion makers in our mutual efforts to rid our nations of the evil influences of organized criminal narcotics trafficking syndicates.

Mr. MICA. At this time, since we are running a little bit behind time, we will not ask you any further questions formally, but we may informally, as we keep the record open here, submit some questions to your panelists for your response. I want to thank each of you for being with us today for your testimony and particularly for your cooperation at this very pivotal time as we discuss our new national drug strategy. Thank you, gentlemen.

[Applause.]

Mr. MICA. If people want to take a break for a couple of minutes, we can get the other panel up, just 2 or 3 minutes. If the other panelists would come up and allow someone, if they need to, to take a quick call.

[Recess.]

Mr. MICA. I would like to call, if I may, the hearing back to order.

Our third panel today is entitled Drug Education and Treatment. We are pleased today to have Mary Trotter, executive director of the House of Hope and I think she sat next to the young gentleman that testified in the first panel. We also have Scott Perkins, who is a detective, former detective, with us. We have Larry Visser, president of the Grove Counseling Center; and we have Marge LaBarge, a good friend, and senior administrator of the Student Assistance and Family Empowerment [SAFE] program, in Orange County Public Schools. Pleased to see her back among us today.

The purpose again of this panel is to assess where we are in some of our drug treatment and education programs. We have again today the opportunity only for a sampling; however, I know we have others who have indicated some interest in submitting statements to the record, and without objection, that will be so ordered. They can do that and we will keep the record open until February 1 for that purpose.

[The information referred to follows:]

January 20, 1999

The Honorable John L. Mica
106 Cannon House Office Building
Washington, D.C. 20515

VIA FACSIMILE: (202) 225-1154
HARD COPY MAILED 1/20/99

Dear Congressman Mica:

We read your article in the Orlando Sentinel concerning your local meeting coming up on Friday to address the war on drugs. Because I am a foot soldier in that war, I have direct knowledge of how the battles are being so poorly fought.

Both your powerful editorial, and your past interest in government reform and oversight, have prompted me to write to you on a matter of profound importance. I currently serve as a Senior Customs Inspector in Miami, Florida and am familiar with inspectional operations in the air and sea ports in the South Florida area.

On behalf of hundreds of Customs drug fighters, I respectfully request your personal assistance as the distinguished Chairman of the House Subcommittee on Criminal Justice, Drug Policy and Human Resources. We know that you now oversee the nation's drug policy. There are two incredibly embarrassing and unacceptable inspectional practices at two seaports here in the South Florida Customs Management Center (SF CMC) that are greatly contributing to the glut of heroin and other narcotics reaching our streets and schools. The SF CMC is responsible for all Customs activities in all ports from Key West to Fort Pierce.

As I write this letter, in both Key West and Port Everglades thousands of passengers and crewmembers per week are allowed to simply walk off cruise ships and collect their luggage without being inspected or checked by Customs in any manner whatever! Because no Customs officers are there to inspect or process them, or even collect their written Customs declaration form, they are free to smuggle (via body-carry or hand-carry) all the heroin and narcotics that they desire!

Why does that smuggling opportunity exist? The Director of the SF CMC recently told the PEV Director that the CMC has no funds available to pay for overtime inspectional activities, for a couple of hours in the early mornings, for less than 30 inspectors and dog handlers. Prior to this change, those officers stayed with each vessel for 4 to 5 hours or more inspecting both passengers and crew, and their luggage. They worked very hard finding drugs, contraband and illegal aliens. Now only a few officers go on the vessel when it arrives. Public address announcements are then made and the officers wait for passengers who have exceeded their personal exemption to volunteer to pay duties and taxes. After about an hour, they depart the vessel and perform no other Customs inspectional

duties whatever on that vessel, its passengers or crew, who simply drop their official declaration in a cardboard box as they depart the Customs area with their luggage!

In Key West the smuggling opportunity is similarly egregious. Shortly after her arrival in early 1990, the SF CMC Director gave permission to both Carnival Cruise Lines and Royal Caribbean Cruise Lines to allow thousands of passengers per week to disembark cruise vessels that dock for a few hours there. This permission was granted notwithstanding the fact that there is only 4 or 5 inspectors based in Key West, while Port Everglades has over 75 employees. The problem is that as they depart the vessel, the passengers are allowed to take off small bags, purses and the like. **Except on very rare occasions, they are not inspected, checked or searched in any manner whatever and are absolutely free to smuggle almost any amount of narcotics they desire!**

We realize that funds are scarce. However, Customs has provided large amounts of funds for such activities as sending the SF CMC Director to Harvard University for seminars, paying for her frequent travel to South and Central America, and paying for very expensive annual "retreats" at beach resorts in Naples, Florida. But we are told that they have no funds for enforcement activities to keep narcotics out of our schools and off the streets. The veracity of such statements is questionable, at best.

In conclusion, these misguided management policies are absolutely bizarre. Our officers very much want to do their jobs properly and make seizures of drugs. They are not being allowed to do their jobs. These policies are undermining the integrity of the Customs Service, and have brought disrepute upon the agency. The current situation is an outrage! It is government at its very worst!

I implore you to help correct these problems! I have confidence that you will. If you need any more information, or have any questions, I can be reached at (305) 871-3861, (305) 526-2887 or facsimile (305) 871-3866. Thank you very much.

Sincerely,

Scott C. McWilliams
1451 NE 103d Street
Miami Shores, Florida 33138-2625

To: Congressman John Mica
FAX: 202-226-0821; 657-5353
Re: Hearing; Friday, January 22, 1999; Lake Howell High School; House Subcommittee on Criminal Justice, Drug Policy and Human Resources
From: Lisa Merlin, Executive Director, Lisa Merlin House, Inc.

Thank you for giving all of us the opportunity to participate in The House Subcommittee on Criminal Justice, Drug Policy and Human Resources, "Our Drug Crisis: Where do we go from here?". It was not only informational, but, thanks to your explanations of the process, a first-hand learning experience.

As you directed, I am forwarding my comments to you regarding the hearing, based on my experience as an alcohol/substance abuse professional, a citizen, parent and, most importantly, as a recovering drug/heroin addict. I have remained clean and sober for the past 13 years and have been Executive Director of Lisa Merlin House for 7 years.

Lisa Merlin House, Inc. (a non-profit organization licensed by the Dept of Children & Families) is a transitional living facility located in Orange County, specifically for homeless women recovering from alcoholism and substance abuse. LMH has a current capacity of 12 residents, and is the only facility of its kind in Orange Osceola, Lake and Seminole Counties. At this time, we are in the midst of a fundraising drive for our planned expansion to 30 beds. This expansion is necessary, as we turn away 4-6 women requesting residence in our home everyday.

Following are my thoughts on where we go from here re: "Our Drug Crisis."

Obviously, **prevention** of drug use would be the best scenario in a perfect world. However, as long people are depressed, anxious, fearful, angry, curious, lonely and bored - there will be use of alcohol and other mood altering substances, including legal and illegal drugs. Getting straight to my point, I believe the best deterrent to experimenting with drugs in the first place is education of children and parents. And I feel that message is best received from someone who knows, someone who has lived through the hell of addiction and is alive to talk about it- a recovering alcoholic/drug addict. In addition to the education we currently have in the system, I recommend communities organize a **"speakers bureau"** to include local alcohol/drug professionals along with recovering alcoholics willing to share their experience, strength and hope with the young people in our schools and other organizations. Perhaps parents such as the Bergers could be included in the speaker pool. **There is no book, seminar or educational material that is as effective as someone talking from experience.**

Regarding **law enforcement**, I must agree with the majority of the panel members in encouraging stricter penalties for persons arrested for possession or soliciting illegal drugs. Not only do we need to get these individuals off the street, but we need to send a message of **ZERO TOLERANCE.**

My main concern, however, is **treatment** for individuals suffering from the fatal disease of addiction. No matter how much we try to prevent drug use, or punish drug-users, we will still be left with addicts when all is said and done. Continued drug and alcohol abuse will lead the victims to 1 of 3 ends- insanity, prison or death. My mission, along with many others, is to offer a program to alcoholics and drug addicts which offers not a cure (there is none) but rather a solution to living a responsible, productive life without the use of mood-altering substances.

Recovery lies in the 12 Step Programs of Alcoholics and Narcotics Anonymous. However, more forced attendance at AA or NA meetings is not possible nor realistic in the real world. Most addicts and alcoholics have suffered years of abuse and dysfunctional behaviors. Families, children, homes, jobs and all self respect have been lost and most of these individuals are so depressed, angry and hopeless- alone, they cannot even receive the message being offered. I am recommending financial aid and support for facilities such as Lisa Merlin House, Inc. We are a transitional living facility for women recovering from alcoholism and substance abuse. Our program is based on the basic principles of Alcoholics and Narcotics Anonymous specifically so that our residents can continue their recovery in the community after leaving our facility. We require a 6 month stay up to 2 years, depending on individual cases and situations. The cost to each resident is currently $100.00 per week. The cost to supply our services is approx. $340.00 per resident per week. The difference of over $240.00 is acquired through donations, contributions and grants we apply for. Services include, but are not limited to; a loving and nurturing home, food, transportation (daily AA or NA meetings in the community), individual, group and family counseling, life skills and parenting classes, relapse prevention programs, nutrition, health, HIV and AIDS education, and career counseling and training classes.

Lisa Merlin House, Inc. and other facilities such as ours are desperately in need of financial assistance for operations and expansion. We turn away 4-6 women requesting residency everyday. These are women admitting they are in trouble and asking for help. It breaks my heart to turn them away, especially because many times I have no place to refer them- overcrowding and lack of facilities is a frustrating problem for all of us.

I appreciate the opportunity to view my comments and commend you for the work you are doing. We have a great deal of hope that you will be able to help in our efforts to combat this universal problem.

ZOR FOUNDATION

SUITE-ONE. 679 SILVERCREEK DRIVE
WINTER SPRINGS. FLORIDA 32708. U. S. A.
TEL./FAX. (407) 327-4043

Honorable Congressman John Mica
Chairman, Sub Committee on House Criminal Justice,
Drug Policy and Human Resources.
1211 Semoran Boulevard, Suite 117
Casselberry, Florida 32707

Dear Congressman Mica, January 19, 1999

If at all possible I would like the following statement to become a part of the public record of the House Sub Committee hearing on Criminal Justice, Drug Policy and Human Resources, to be conducted by you on Friday, January 22, 1999, at the Lake Howell High School in Casselberry.

Respectfully,

Robert S. Miller
President and Chief Executive

Encl: Statement

ZOR FOUNDATION

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STATEMENT
To the Sub Committee on Criminal Justice, Drug Policy and Human Resources

January 22, 1999

My name is Robert S. Miller, a resident at 679 Silvercreek Drive, Winter Springs, Florida. For twenty eight years I worked abroad for U.S. intelligence, where one of my responsibilities was to report on narcotics trafficking. Among some of the more noteworthy places I have worked were Iran, Iraq, Turkey, Greece, Germany, Pakistan, and Cyprus. In the early 1990's I worked as a senior analyst for Joint Task Force Four, trying to intercept inbound narcotics shipments across our southern frontiers. Regrettably, even in those days we were able to stop less than fifteen percent of the trade into this country, because the only real way to significantly impact the drug trade in the United States is for our legal system to go after the pushers with a balanced set of meaningful penalties.

I recall a foreign narcotics associate, well versed in the narcotics trade of the late 1970's, telling me that the United States narcotics problem would only be severely impacted when we seriously moved to take out the middlemen. Until now our legislation avoids strenuously confronting this option. In Iran at the time of the Shah, for example, narcotics middlemen who were caught in possession of 5 ounces of Heroin or Cocaine, were executed following court proceedings. That law stunned and stunted the Persian problem with these drugs by separating the producer from the user.

The concept has merit here in the United States. A twenty year prison sentence for anyone caught in the U.S. with five ounces of these narcotics would go some distance to stunting the narcotics problem. A sentence of life for anyone caught with more that a half kilo of heroin or cocaine would further cripple the trade. And the death sentance for those with more than two prior convictions would instill fear in all contemplating this arena.

As the Sunday, January 17, 1999 issue of the Orlando Sentinel concluded on page A-18: "There's no difference between the heroin trafficker and someone who puts a gun to someone else's head. How we face the problem today determines the success or failure of our community in the future."

Robert S. Miller
President and Chief Executive

Mr. MICA. With that, I would like—well, let us start with Marge LaBarge today. She is one of our—she is not only a senior administrator, but a senior worker in this field and tireless in her efforts. Marge, welcome and you are recognized.

STATEMENTS OF MARJORIE J. LABARGE, SENIOR ADMINISTRATOR, STUDENT ASSISTANCE AND FAMILY EMPOWERMENT, ORANGE COUNTY PUBLIC SCHOOLS; MARY TROTTER, EXECUTIVE DIRECTOR, HOUSE OF HOPE; LARRY VISSER, PRESIDENT, THE GROVE COUNSELING CENTER; AND SCOTT PERKINS, FORMER DETECTIVE, CHIMERA PRODUCTIONS, INC.

Ms. LABARGE. Thank you. I was afraid you were going to say I am a senior citizen, because that is probably true.

Mr. MICA. We are both getting there, Marge.

Ms. LABARGE. I would like to thank Congressman Mica, who I have a great deal of respect for, and feel that he has been one of the foremost Congressmen in doing something pertaining to the——

Mr. MICA. Ms. LaBarge, you might want to pull that mic a little bit closer.

Ms. LABARGE. OK. I would like to thank Congressman Mica and also Congressman Ose for being here. I have known Congressman Mica for a long time, because I have been involved in fighting this battle since 1971. I have given 28 years of my life in trying to do something to stop the deaths that we are seeing from young—with young people using drugs.

We are dealing with a very critical issue, an issue that is affecting the youth of our community, affecting it to the point they are not able and do not have the opportunity to live a positive, productive life.

Two years ago, I, along with others in the community, met with members of the Subcommittee on Criminal Justice along with representatives and with members from the county commission office and city government. We also met with, at that time—and I guess still is, sorry—Director of the Office of National Drug Policy, General Barry McCaffrey.

When we met, we asked as a group to see what we could have done at a Federal, State and national level to help us impact the growing drug problem that is devastating our youth in our country. We asked for additional funds for prevention and education, because this is where it has to start. The battle with drug abuse, as with any other battle, must begin with prevention, it must begin in the early years, and it must continue all the way through, even into adulthood. It is not a one-pronged battle, but it is a battle that we must unite on. We asked for additional funding for Safe and Drug Free Schools, we asked for additional funding for treatment, for community-based treatment, we asked for additional funding for law enforcement, for DARE programs and for school resource officers in our schools to help us. This did not happen. This is something that I am coming back today and asking for again.

I just would like to tell you what my week has been. I have, in the last week, had a call from a parent whose 18 year old daughter died 3 months ago from heroin, the parent was from Mount Dora.

I also have been working with another parent whose 17 year old daughter is in need of treatment for heroin addiction. We have an 18 year old student in one of our high schools who has already gone through heroin treatment, but is now in need of outpatient services. We cannot provide outpatient services in our school district, nor can we provide the type of support that a heroin addict who is in recovery needs.

I also have been working with another parent, a single parent holding two jobs, who was just ripped off by her 30 year old son who is a cocaine addict and who before ripping her off had charged $10,000 worth of charges on her Visa card, which she has to pay because it was done from her home phone.

Last night I went to bed after working a suicide case, a suicide attempt of a 13 year old, and this morning, I was awakened at 5 this morning by a parent who said to me, "I hate to wake you up, but my daughter"—and this is a parent in an area called Windemere, which is a fairly affluent area—"my 18 year old daughter has been on a cocaine binge for 2 days. She is home with us right now and is asking for help. If I do not get her help now, I do not know whether when she comes down, will she still want help or will she leave here and then go on to continue to use cocaine"—a high school graduate, a college student at Valencia Community College.

I called a detox center to ask them if they would take this 18 year old right away, this was at 6 a.m., because I was concerned that if we did not get her in immediately, then she would not still be willing to get help. The detox center told me that they were not open until 8 and so we would have to wait. Why? Because they do not have enough staff to staff the center to be able to get services to a young person when they need it.

And I can tell you, whether it is heroin or any other drug, young people will not get the help they need until they realize they need the help and they ask for it and want it.

As we are looking at the problems, it is not just heroin that we need to face, it is the problems of dealing also with cocaine and also with ecstasy. We have young people in our schools who are using ecstasy that is cut with heroin and they do not think there is a problem because many of them do not believe or realize that heroin is in the ecstasy. We have young people who feel that if they use heroin and they snort it, that it is not going to hurt them, or smoke it, because all we have shown in many, many of our PSAs coming from a national level and other levels is someone who is a heroin addict with a tourniquet around his arm and is shooting up and is in some desolate area where it is not the type of heroin user we are seeing today.

As part of our efforts in Orange County, we have a strong zero tolerance for drugs and alcohol policy, as well as violence in our schools. This is supported very strongly by the Orange County School Board and the Superintendent of Schools. We have a strong drug education curriculum program, pre-K through fifth grade, that is research-based and has behind it the principles of effectiveness. We also, in the programs that we have, do talk to young people about the dangers of heroin and LSD as well as other types of drugs. We also survey our students every other year and as a re-

sult of the survey, we know what type of programs we need to emphasize, we also know what type of problems we have.

Interestingly enough, a lot of people do not realize that the No. 1 reason our students—and we surveyed 5,000 students in a 2-year period of time—are saying they use drugs is because they want to feel good, not because of their peers, but because they want to feel good. And that is a very sad statement to make in our society today, that kids have to use a drug to get to a point where they feel good.

The second thing that is very important is when we ask them why they do not use, the No. 1 reason they do not use is because they do not need it. Young people who feel they are focused, they know what they want out of life know many times that they need to get by without using drugs. They do not need it because they are getting highs in different ways and it is not drugs. They second reason they say that they are not using drugs is because of religious reasons, and this came up 10 percent from 2 years ago. And that is a very positive statement. They also say they do not use it because of their parents and because of education.

As we go on and look at the surveys, we found out that 25 percent of our students are not using heroin as an experimental drug. This was a decrease from the year before; 25 percent of students report that they were not experimenting with heroin. This is a very positive statement and it shows that we have made a difference in getting the message out. However, 1 percent of the students reported that they were using heroin up to 20 times within a 3-month period. So within our high schools, we do have students reporting that they are using heroin up to 20 times in a 3-month period. What this tells us is that we can make a difference in the front end of education with prevention and information programs, but we cannot make the difference with a young person who is already addicted. We do not have the resources nor should we be held accountable to make a difference with a heroin addict or a user who is using to the point that what they do need is outpatient treatment and residential treatment.

What we know has to happen and what we feel must happen is we must all join together and form campaigns that will continue to emphasize the dangers of drugs. I cannot tell you how much I respect Governor Martinez and also the campaign that former first lady Nancy Reagan did. In the 1980's, when I started out in 1971, one of the things that I saw—one of the highlights of the work that I have done in the field of treatment and prevention and also I was Drug Prevention Coordinator for the State of Florida for 2 years, was during the time that Nancy Reagan was campaigning against drugs. People laughed about "Just Say No" and red ribbon campaigns, but I can tell you, we saw a decrease in drug use during the time that this occurred. And we will see it again once we come together and if you at a national level and we at a local level and a State level, which I believe Governor Bush will do, will come together bringing together members of the community, the media, law enforcement, the faith communities, schools, business, treatment people, health organizations and parents—and parents are crucial, crucial, to the success of it, as well as you.

We must develop a strategic plan that is funded for 5 years, a plan that is not just here today and gone tomorrow, based on the funding grants that come down from Washington and from the State of Florida. The strategic plan must include short and long-term goals, it must include funding for education that mandates, and I say mandate—and this is not a popular word for an educator to say, but we must mandate drug abuse, drug prevention curriculum, pre-K through 12th grade because as it stands now in many school districts, test scores and reading and math have taken over to a point that curriculums dealing with drug education and violence prevention are being pushed aside and not occurring.

We must also include funding through Safe and Drug Free Schools for intervention programs to occur within the schools where we can provide support groups for students within a school setting and we can bring people in from treatment agencies to do programs for students who are in the beginning and experimental use of drugs. We must also fund more school resource officers and DARE type programs in the schools.

And I never thought I would live to see the day that I am a very strong supporter of bringing in dogs to the schools to try to find drugs that are there, as well as undercover agents. Last year, the Orange County Public Schools, working with the Orange County Sheriff's Department and Captain Scott, who I have a great deal of respect for, he is the head of the narcotics for Orange County Sheriff's Department, we brought in three undercover agents to three of our schools and the good news is that they did not find drugs on campus, the good news is that they did make a difference in coming in because they also were able to tell the principals of the schools areas that needed more security. The bad news is no one knew that it happened. I believe that if students knew that this could happen, it would be a deterrent. It may push the drugs out into the community, but it will not leave the drugs in the schools where it is easier for students to get.

Our drug survey also shows that only 1 percent of students are saying they are using drugs at school. The majority of the time young people use drugs is after school when they are latch-key kids or they are just hanging around, and on the weekends.

We also must enforce a policy where law enforcement and the school district work together in setting up strategies that will continue to support the zero tolerance policy.

In the area of treatment, we desperately need more treatment beds in Orange County, as we do in Seminole County. We need beds for our students, our young people who are in need of residential treatment, who are 16, 17, 18 years old, as well as for the number of heroin addicts who may not have died had they been able to get treatment. If you will look at the statistics, you will see that the majority of deaths this year, unlike 2 years ago, of heroin addicts was from 18 on up, we did not have any students die from heroin addiction this year, whereas 2 years ago, we had five students who died who were honor students, who were student leaders and who came from very strong families, very supportive families who were there for them.

As far as law enforcement goes, we need strong services, we need strong commitment from law enforcement, which we do have but

we need funding for law enforcement. Law enforcement must be given some more support for community policing as well as to do interdiction.

As we are looking at what you can do, I say to you, I urge you, I beg you to increase funding for Safe and Drug Free Schools for the United States, making sure that those people who are receiving the funding are held accountable. We must put in accountability. Programs that are in place in school districts, as well as treatment centers, must be research-based and must adhere to principles of effectiveness. We can no longer afford to put money into programs that are not shown to be effective and are not research-based.

In closing, I would like to thank you for allowing me to come before you. I am committed to continuing to do everything I can as a parent, as a member of the community, as an individual and as a person representing a school district.

I also want to close by saying that I believe in the philosophy, "By the grace of God go I" and I never say never, because there is no one here in this room that can say it will never happen to them. We do not know who it happens to or why it happens sometimes, but we do know that it can happen to parents, whether they are good parents or they are not good parents.

Thank you again for allowing me to come before you and present.

Mr. MICA. Thank you for your testimony.

[Applause.]

Mr. MICA. I would now like to recognize Mary Trotter, who is the executive director of the House of Hope, and it is my understanding you do not receive any Federal funds.

Ms. TROTTER. We receive no government money at all.

Mr. MICA. If you could provide us with your testimony, you are recognized.

[The prepared statement of Ms. LaBarge follows:]

I would like to thank you, Congressman John Mica and the members of the subcommittee on criminal justice, drug policy and human resources for providing me with the opportunity to come before you and address a critical issue that is effecting the youth of our community and their ability to live a positive productive life.

Two years ago, members of the Central Florida community and I, testified before representatives of the subcommittee on criminal justice, drug policy and human resources. Many of us also spoke at meetings attended by General Barry McCaffrey, Director, Office of National Drug Control Policy. At the time I spoke I recommended that additional funds be allocated to school districts under the Safe and Drug Free School Community Act, and that funds also be provided to community treatment centers to allow them to offer support groups within our schools for students involved in drug use, as well as for outpatient and residential services. Although I recognize some states have been sited for improper use of Safe and Drug Free School funds without showing any accountability, this has not been the case in Florida.

Under the guidelines established by the Department of Education, Safe and Drug Free School Division at the national level and with the support of the Florida Department of Education Prevention Office, Safe and Drug Free School programs within the state have been held accountable to the highest standards. In Orange County, we have implemented prevention and intervention programs including curriculum that are research-based and have proven to be effective in preventing students' use of drugs, changing their attitudes toward drug use as well as providing strong prevention messages which have resulted in preventing students' beginning and experimental use of heroin. However, at this time I would like to also emphasize that while we have seen a decrease in beginning and experimental drug use, we have also seen a slight increase in the use of heroin. In fact, what we have seen in some cases is a slight increase in young people reporting that they have used heroin 20 times during the past three months in which the survey was conducted. As a school district we recognize that we do not have the means or should we be held responsible for providing programs to young people who have become addicted to heroin and are in need of treatment. Our role in this capacity can only be to identify these young people, provide support for them and their families by referring them to appropriate treatment centers. This within itself, is a problem as there is a shortage in Central Florida of outpatient, not-for-profit based community treatment placements, as well as residential services.

As a person who has been involved in fighting the problems related to drug use since 1971, and who established one of the first treatment centers including a methadone program within the state of Florida, I can tell you that in order for us to impact the heroin problem, we must be willing to make a commitment. We must make a commitment as a nation, a community, a family, and as individuals. We must work together to repeat the successful campaigns of the late 80's and early 90's started under Former First Lady Nancy Reagan. We must also continue to evaluate the tobacco campaign that is presently in progress in Florida, to glean from it the strategies that have proven to be successful.

In order for a campaign to be successful, we must have a strategic plan with long and short-term objectives that do not end after two months. We must come together as a community with media, joining together with businesses, agencies, health

organizations, faith communities, the medical society, bar association, government groups, law enforcement agencies, youth groups, school districts, and citizens to develop, implement and evaluate the plan. The strategic plan must address the areas of: (1) community awareness; (2) media responsibility; (3) education and prevention programs, including curriculum that is school based; (4) intervention and treatment programs, including outpatient and residential; (5) law enforcement efforts and interdiction efforts. Through law enforcement additional support must be provided to their narcotics units using undercover agents to identify sources of dealers and suppliers.

Safe and Drug Free School funding must be increased. State legislators must also commit funding for drug education and prevention under the Florida Safe School Act. Funding must also be provided through the state to support the community treatment centers and to support the efforts of law enforcement in providing school resource officers and educational programs through the schools. Although we are fortunate in Orange County in the partnerships and strengths that we have in working together with law enforcement, treatment, community agencies, organizations and the school district along with strong parental and community support, we will not be able to prevent or stop the use of drugs without the support from a national and state level. Funding must be provided that based on a five-year plan with programs funded that are research-based and meet the principles of effectiveness. It is in my estimation that the responsibility of our legislative branches, both at the national and state level as well as the local level must be to provide the necessary resources so that strong prevention and intervention treatment and interdiction programs are available. It is the responsibility of the agencies delivering the services to meet the guidelines and the criteria that is based on research that is proven to be effective.

In closing, I would like to thank you for allowing me this opportunity to appear before you, and to commit that as a individual, family member, a member of the community as well as an employee of our school district. I am committed to continuing to making a difference.

Respectfully,
Marjorie LaBarge, Senior Administrator
Orange County Public School
Safe and Drug Free Schools Program

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Ms. TROTTER. My name is Mary Trotter, I have been with House of Hope for 5 years and I serve as its executive director.

We are a faith-based program receiving no government funds, but that does not mean we do not need government help. We just look for it in different ways. We recognize the fact that we do work in coordination with our school system and need to work—our 1999 goal is to get more involved in government because it is a sad case when out of nine of our current boy residents, eight of them have been involved in drugs. Out of our current 25 girl residents, 22 have been involved in drugs. It is a sad thing.

I had a statistic come across my desk yesterday and this came from Family First organization, and it said of the 10,990 juvenile offenders committed to DJJ last year, 1,189 of them or 10.8 percent came from two-parent homes. That means that 89.2 percent came from single-parent homes. That goes right with what Marge was saying, the problem may not be in the schools, the problem is latchkey kids. So we need to address that.

But what grieves me more than that is the fact that what should be the parents' responsibility, education should be first, scholastics should be first in school, but we are having to put a drug program to educate children in school—that should be a parent's responsibility, and it is not.

So now we have to look at where we are at and put these programs in place to help save the generation that is suffering from it, which is our teens.

One of the things that Michael did not tell you when he spoke before you earlier is Michael did not read his testimony because of drug damage from acid, Michael still is recovering from some residual effect of drugs where he cannot focus very long. If he seemed to wander back and forth in his thoughts, that is still a result of acid. He is doing much better than when he first came in. He would sit at his desk probably about 2 minutes, in our on-campus school, and now he is actually hitting the books again, he is educating himself again. That is common with what we see. The reason I sat up here with Michael is not because I do not trust Michael, but because our program licensing requires us to be a certain distance. Actually this is too far, Michael is in the front row, that is too far. But more than that, my heart for Michael is, with Michael being involved in the drug scene, his life is at risk yet, because of all the involvement in robbery and stealing and bad drug deals that he did. So my commitment goes beyond what our licensing requires, our commitment is to protect him as an individual because he is determined to try and make a difference now. He is going to begin speaking next month in Polk County at the Juvenile Detention Centers there and that is where he is going to get involved and that is what House of Hope had realized last year and we have a new program in place and I will explain that in a moment, that is going to start utilizing the graduates of our program to give back part of what they received.

I do believe that what Marge said, that they do not ask for help, is true, they do not know that they need it. They really believe that they have no other purpose in life and that is one thing that House of Hope focuses on, is to try to teach them that they do have a purpose in life, they were created for a purpose, they were not created

just to attend parties all the time, as fun as it may have seemed. None of our families escapes this. I would love to sit here and say because I am in a drug prevention program, drugs has not been a reality in my family—it has. I have one nephew in prison, I have one in juvenile detention right now and another one that I do not even know really where he is, he is on the streets. So it hits all of us.

I have been in the business now for 5 years, I know all the right things to do, but there is a stronger influence that hits them. Our biggest frustration as a program, and we did not realize this until we started phase three of our program last year, and that was how uneducated we really were to what was going on on the streets today. Our counselors go meet their criteria, every day they are updating their education, but by the time it hits the textbook, it is too late, that is not what is actively going on in the street.

It was just by a chance coincidence that I happened to see a segment on the news where Scott Perkins, who is going to be speaking later—they did I believe it was like a 5-minute flash on one of our local news scenes and in preparation for phase three of our program, my husband caught my attention and said we need him to come to House of Hope to educate your staff. So I contacted Channel 9, I believe it was, and then we got ahold of Scott.

Scott came and talked to our parents, it made an incredible difference. We knew nothing about GHB and I believe in north Florida, it was GHB. We knew nothing about the kind of drugs that were being served at the Raves. He had infiltrated the Raves, so he had this information. This is not the education that our counselors receive when they go to meet their requirements.

This is a very important position and I believe that where the funding could benefit programs that are faith-based like ours that do not receive government funds is part of the local government could take on someone like Scott, with knowledge like that. House of Hope would host it and have all of the area programs get to come and have their education renewed for street education. He went into detail and I will let him do his own speech, but he will probably tell you about the disguising of drugs. We had no idea about that.

The reason we needed to know that is phase three of our program, the Last Wave, is going to be an alternative to the Raves that are still in so many lives. And our teens that have gone through our program and are committed to take back what was stolen from them, and that is the drug free life, are going to be the ones that go in and actually minister to their peers, if you will. They are going to go in and they are going to say this is not the right life. Come over here, we can still have fun, we still have games, we still have music, we still have videos, we have updated technology, but we can do it drug free. But to be able to do that, we needed to know what drugs were out there and what drugs were actually causing the problem.

Mr. MICA. Thank you. We will withhold questions until we finish. I would like to now recognize, if I may, Larry Visser, who is the president of the Grove Counseling Center; also involved in—whoops.

Mr. VISSER. Technical difficulties.

Mr. MICA. Cannot wreck the equipment, Larry.

Mr. VISSER. Sorry, I am a mechanic at heart.

Mr. MICA. Well, we are pleased to have you testify, and I would like to recognize you at this time.

[The prepared statement of Ms. Trotter follows:]

Mary Trotter
Testimony before the
Subcommittee on Criminal Justice, Drug Policy & Human Resources
January 22, 1999

My name is Mary Trotter and I serve as Executive Director for House of Hope. I have been with House of Hope for almost 5 years. During these years I have seen many teenage lives and their families changed. The success of our program is that we work with entire families. We cannot give skills to teens and send them back to environments that are still dysfunctional where they are not able to apply what they have been taught. We have on campus counseling and housing as well as an on campus school and life skill training. We believe that young people act out for 2 primary reasons (1) pure rebellion or (2) out of woundedness. We believe that we have to minister to their spirit, soul (mind, will and emotions) and body. The healing of spirit gives them accountability. The healing of soul allows them a better thought process and ability to carry out what they need to do to be assets to society and the body purges the chemical toxins (drugs) that affect them. Because we see generational addiction and generational lives of crime we also involve the younger children of our residents when applicable and necessary. Many of the teens we get have been in several other programs (as many as 7). We have a standard of rules that all are required to meet but a staff so intensely involved with the residents that we manage to individually meet the needs of each resident.

House of Hope is in it's 14th year of a residential girls program. It's 3rd year of a residential boys program and we are excited about a new venture called The Last Wave. Because Central Florida is the leader of drug deaths in our young people involved in raves we have broke ground to start an alternative which will give the teens a place to go on the weekends and our residents and graduates a place to show their friends a better life than crime and drugs. We have had tremendous support from our Mayor and Sheriff and local government. Our current residents have begun a Warriors in Training group to learn to effectively peer counsel and minister to other teens - this gives them purpose and an avenue to give back what they have learned. These young people are determined to go in and take back what has been stolen and do their part to help regain a clean healthy community. Our residents work hard and we give them the credit - it is truly a privilege to get to work with them as well as our local government to help save teen lives and restore families.

Mr. VISSER. Thank you. I would like to thank Congressman Mica personally and publicly for taking the chairmanship of this committee. It can be very tiring and frustrating work out here in the front lines. I was having one of those days when I heard that you had taken this chairmanship, and I know that there were other opportunities that you had to forego to do this and I really appreciate the personal commitment that you have made by doing this; and thank you also, Congressman Ose.

In its 1997 assessment of central Florida human service needs, the Heart of Florida United Way found that substance abuse was the No. 1 concern of all three of its major informant groups. We all saw the report in the Sentinel last week about the fact that heroin deaths in Orlando have reached an all time high in 1998. Nearly 50 percent of teenagers identified drugs and drinking as the biggest problem facing their generation.

Teens in our own treatment programs caution us that students do not respond very honestly to formal surveys and from their own personal experience, they tell me that out of a typical class of 30 students, about 15 students use drugs and alcohol regularly and probably 5 or 6 are in trouble with drugs.

Although our rhetoric is tough on drugs, our culture is much too soft. We do not walk the talk. I do not mean to offend anyone in particular, so I will offend each of us equally. All too often we hear stories from teens in our treatment programs about using drugs with parents or with parents of a friend, of coaches who allow substitutes to drop clean urines for dirty athletes, of club operators who are forewarned of police raids, middle and high school students with far too much unsupervised time on their hands; and yes, even of drug treatment professionals who use drugs themselves. It does not escape any of us.

The costs to society are well documented and overwhelming. The cost effectiveness of education and treatment are equally well documented.

A 5 year followup study recently done in Washington State found that after receiving substance abuse treatment, individuals incurred only half as much Medicaid expense as others who needed substance abuse treatment but did not receive it.

Numerous studies have documented remarkable decreases in drug use, criminal activity, high risk sexual behaviors, unemployment and other problems as a result of drug treatment.

Researchers agree that for every $1 invested in education and treatment, there is a return of $7 to $10 to society.

Our own data locally show that at 12 months post-discharge, 70 to 80 percent of our treatment completers are still drug free, crime free and either employed or in school.

Accountability has grown to the point that we routinely track results on over 120 different performance and outcome measures for various funding sources.

The Physician Leadership on National Drug Policy has determined that drug dependence meets the criteria for a treatable, chronic medical condition in terms of diagnosability, heritability, and response to treatment. Addiction treatment outcomes are comparable to those associated with other chronic illnesses. Comparisons of medical and behavioral compliance reveal that addicted pa-

tients have compliance and remission rates comparable to patients receiving treatment for other chronic illnesses such as diabetes, asthma and hypertension. And yet public policy continues to be dominated by criminal models of addiction.

Ironically, the growing body of evidence on the effectiveness of education and treatment has done little to increase public confidence or investment in them.

According to the National Household Survey on Drug Abuse nearly two-thirds of people needing drug treatment do not receive it.

There is not a single detoxification bed located within Seminole County. You heard from Marge how difficult it is to find a bed in Orange County.

In spite of waiting lists, we have had to reduce the capacity of our own adolescent residential program this year from 28 to 20 beds due to the lack of funding.

The available drug treatment and capacity in our local jails, detention centers and commitment facilities only reaches the tip of the iceberg. You hear stories from many teens about teens and adults who wait a long time under lock and key before they are able to access treatment.

Until your announcement this morning, Congressman Mica, we have not seen the first dollar spent on treatment or prevention as a result of our designation as a high intensity drug trafficking area. We hope that you will use this opportunity to begin to integrate treatment and education into the formula.

In order to put a team of 15 prevention specialists in schools and community centers around Seminole County, we have had to patch together 7 distinct funding sources plus donations. Each has its own set of outcome measures and reporting requirements, each has its own expiration date. It is a real challenge to keep the initiative going. We could use twice as many prevention specialists.

To counter the insidious nature of alcoholism and drug dependence, our prevention and treatment strategies must address every opportunity to reach those affected and those at risk. Progress will depend on Federal leadership in the following areas.

First, expansion of substance abuse prevention, treatment and research through Safe and Drug Free Schools program, the Substance Abuse Block Grant, and Knowledge Development Grant programs.

You heard it from the Bergers this morning, I will say it again; for many students, their recollection of drug prevention is the DARE program in fifth grade and an annual drug awareness week thereafter. We need to be far more aggressive in the middle and high schools with drug education, life skills development, family education and supervised activities. We need to do a better job of coordinating treatment programs with academic programs and vocational training and transitions to work.

The second area of recommendation is the elimination of discrimination against individuals with alcoholism and drug dependence by making sure that Federal policy affords the same protections and benefits afforded to individuals with other disabilities.

Third, improvement of treatment compliance rates by expanding the funding of drug courts and providing incentives for welfare re-

cipients, drug offenders and others who participate in treatment and submit to urine monitoring.

Fourth, removal of barriers to treatment and research resulting from the public stigma associated with substance abuse and ignorance of its medical etiology.

I think we have heard a number of examples this morning about how drug abuse—and it is not just the stereotype, it is not just the stigma, it affects all of us.

Fifth, and very important, is I think the unification of strategy across interdiction, law enforcement, treatment and education at both the national and local levels, to better coordinate initiatives and resource allocation, which is far too fragmented at present. I think we have a uniquely close cooperation here in Seminole County and in central Florida among treatment programs, schools and law enforcement, but even in Seminole County, there are so many different things going on that it is often hard to keep track of what is on first and what is on second.

Most importantly in my mind, the Federal Government can play a role in mobilization of leadership from all segments of our culture in a sustained initiative to reduce attitudinal and behavioral tolerances to substance abuse. We need to bring parents, ministers, teachers, policemen, doctors, entertainers and all of us together in dialog and have us stand side-by-side, shoulder-to-shoulder and take a stand personally, everyone in his own life, everyone amongst his peers, that we are not going to tolerate this.

Substance is a biopsychosocial issue, it is not just a legal issue, it is not just a medical issue, it is not an economic or moral problem, it is all of those and more. We cannot legislate it away, although legislation will help. We cannot buy our way out of it, although funding will help. We cannot medicate it away, although medical research and treatment will help. We need tenacious intolerance, driven just as much by laws as by the innate parental instinct that places the wellbeing of children above all else.

Thank you.

Mr. MICA. Thank you, Larry. And again, we will withhold questions. We have one other witness, our final witness on this panel is Mr. Scott Perkins and I think he is also an author, I see his publication, "Drug Identification Designer Club Drugs Quick Reference Guide." We are pleased to have you with us today and recognize you.

[The prepared statement of Mr. Visser follows:]

PUBLIC TESTIMONY

TO : US House of Representatives Subcommittee on Criminal Justice, Drug Policy & Human Resources

FROM : Larry A. Visser, LCSW, President
The Grove Counseling Center, Inc.

RE : Central Florida's Drug Crisis: Where Do We Go From Here

DATE : January 22, 1999

In its 1997 Central Florida assessment of human service needs the Heart of Florida United Way found that substance abuse was the number one concern of all three of its major informant groups. The Orlando Sentinel reported last Sunday that heroin-related overdose deaths in the Orlando area reached an all time high in 1998. Nearly 50% of teenagers identify drugs and drinking as the biggest problems facing their generation.

The costs to society are well documented and overwhelming. The cost effectiveness of education and treatment are equally well documented.

- A five year follow-up study in Washington State found that after receiving substance abuse treatment individuals incurred only half as much Medicaid expense as others who needed substance abuse treatment but didn't receive it.
- Numerous studies have documented remarkable decreases in drug use, criminal behavior, high-risk sexual behaviors, and unemployment as a result of drug treatment.
- Researchers agree that every dollar invested in education and treatment returns a benefit of seven to ten dollars to society.
- Our own data locally show that at twelve months post discharge 70-80% of treatment completers are still drug free, crime free, and employed or in school.
- Accountability has grown to the point that we currently track results on over 120 different performance and outcome measures for various funding sources.

The Physician Leadership on National Drug Policy has found that drug dependence meets the criteria for a treatable, chronic medical condition in terms of diagnosability, heretibility, and response to treatment. Addiction treatment outcomes are comparable to those associated with other chronic illnesses. Comparisons of medication and behavioral compliance reveal that addicted patients have compliance and remission rates comparable to patients receiving treatment for diabetes, asthma, and hypertension. Yet public policy continues to be dominated by criminal models of addiction.

Ironically, the growing body of evidence on the effectiveness of education and treatment has done little to increase public confidence or investment in them.

- According to the National Household Survey on Drug Abuse nearly two thirds of people needing drug treatment do not receive it.
- There is not a single detoxification bed located within Seminole County.
- In spite of waiting lists, we had to reduce the capacity of our adolescent residential treatment program this year from 28 to 20 beds due to lack of funding.
- In order to put a team of 15 prevention specialists in schools and community centers around Seminole County we have had to patch together seven distinct funding sources plus donations, each with its own set of outcome measures, reporting requirements, and expiration date. We could use twice as many prevention specialists.

To counter the insidious nature of alcoholism and drug dependence, our prevention and treatment strategies must address every opportunity to reach those with or at risk for alcohol and drug problems. Progress will depend upon federal leadership in the following areas:

- Expansion of substance abuse prevention, treatment, and research through the Safe and Drug Free Schools program, the Substance Abuse Block Grant, and Knowledge Development Grant programs.
- Elimination of discrimination against individuals with alcoholism and drug dependence by making sure they have the same protections and benefits afforded to individuals with other disabilities.
- Improvement of treatment compliance rates by expanding funding of drug courts and providing incentives for welfare recipients, drug offenders, and others who participate in treatment and submit to urine monitoring.
- Removal of barriers to treatment and research resulting from the public stigma associated with substance abuse and ignorance of its medical etiology.

Mr. PERKINS. Thank you, Congressman. Thank you for allowing me this opportunity to address the committee.

I was involved in drug enforcement from 1991 to 1998. During that time, I was assigned to the Orlando Police Department's Undercover Drug Division and SWAT Team. I was dedicated to fighting the war on drugs and received several awards for my efforts, including being named narcotics officer of the year for the State of Florida. My career ended as a result of a gunshot wound sustained during the successful rescue of two small children who were taken hostage by a drug user and murderer. I traded my career that day in exchange for the children's lives. However, I was able to stop the suspect from killing the baby girl.

My focus is now on drug education. It is apparent that the United States is 5 to 7 years behind on drug education. Our Nation has been inundated by a new wave of designer and club drugs. These drugs are being consumed by an astronomical amount of young Americans and can be found in every school, nightclub and Rave event throughout the United States. The one place you will not find these drugs is in the current curriculum of our drug educational programs. Parents, law enforcement officers and educators must be able to advise and educate others on ecstasy, GHB, Ketamine, crystal meth, heroin, Rohypnol and LSD. These are the most commonly abused drugs in our school and social activities. Parents are advised to talk to the children about drugs, which is great. However, we fail to educate these parents on what to say and how to recognize obvious indicators of drug use. Parents must know that Vicks inhalers, bottles of water and baby pacifiers, among items, are all used as drug paraphernalia, along with bags of skittles, tootsie rolls and bottles of bubbles are used to transport and sell various drugs. Being familiar with such terms as "landing gear", "poly drug abuse" and "rolling" may enable a parent to save their children's life.

The majority of parents, law enforcement officers and educators do not know these drugs and their indicators. However, I do know that the youth majority knows exactly what I am talking about. They, along with others throughout the United States, are confronted with these drugs on a daily basis. Drug dealers assure these individuals that these drugs can be consumed safely and will produce a wonderful high. I am here to testify that the people are listening to the drug dealers and consuming a variety of designer and club drugs.

While working undercover, I witnessed that the norm is to start the evening by consuming ecstasy, cocaine and then crystal meth. After about an hour, marijuana is smoked, followed by LSD. Ecstasy is then repeated to allow the high to continue for at least 2 days. GHB, Ketamine, heroin and Rohypnol are all used as what is called "landing gear." The landing gear is consumed to enable the person to sleep after being unable to sleep because of the large amounts of amphetamines in their body. This is how the majority of the overdoses occur. In the party and drug scene, it is their belief that the authorities should not be called when overdoses occur. This is done for several reasons.

They believe that the drug overdose can be slept off; they believe the victim will accumulate large medical bills and/or they will be arrested.

The latest club remedy for a GHB overdose is to give the victim sugar. As extreme as this situation seems, it is very prevalent. These events usually have several thousand attendees and I would estimate that about 90 percent are using the drugs. By attending these events and observing such actions, I stay current on the drug trends.

It is obvious that the problem is out of control. However, an opportunity has presented itself that would allow the mindset of the younger generation to be drawn away from massive drug consumption. My methods and techniques are very unique and effective. I am willing to share these methods with our government in an attempt to combat this drug epidemic.

Again, thank you very much for allowing me to address the committee.

[The prepared statement of Mr. Perkins follows:]



Chimera Productions, Inc.

January 22, 1999

Thank for allowing me the opportunity to address the committee. I was involved in drug enforcement from 1991 to 1998. During that time, I was assigned to the Orlando Police Department's Undercover Drug Division and SWAT Team. I was dedicated to fighting the war on drugs and received several awards for my efforts, including being named Florida Narcotics Officer of the Year 1996. My career ended as a result of a gunshot wound sustained during the successful rescue of two small children who were taken hostage for several days by a drug user and murderer. I traded my career that day in exchange for the life of the children. However, I was able to keep the suspect from shooting the little girl.

My focus is now on drug education. It is apparent that the United States is five to seven years behind on drug education. Our nation has been inundated by a new wave of designer and club drugs. These drugs are being consumed by an astronomical amount of young Americans and can be found in every school, nightclub, and Rave event throughout the United States. The one place you will not find these drugs is in the current curriculum of our drug education programs. Parents, law enforcement officers, and educators must be able to advise and educate others on XTC, GHB, Ketamine, Crystal Meth, Heroin, Rohypnol and LSD. These are the most commonly abused drugs in our schools and social activities. Parents are advised to talk to their children about drugs, which is great. However, we fail to educate these parents on what to say or how to recognize obvious indicators of drug use. Parents must know that Vicks inhalers, bottles of water, baby pacifiers, among many other items, are all used as drug paraphernalia. Also, bags of skittles, tootsie rolls, and bottles of bubbles are used to transport and sell various drugs. Being familiar with terms such as "landing gear, polydrug abuse" and "rolling" may enable a parent to save the life of their child.

The majority of parents, law enforcement officers, and educators do not know about these drugs and their indicators. However, I do know that the youth majority knows exactly what I am talking about. They, along with others throughout the United States, are confronted with these drugs on a daily basis. Drug dealers assure these individuals that these drugs can be consumed safely and will produce a wonderful experience. I am here to testify that the people are listening to these drug dealers and consuming a variety of designer and club drugs.

While working undercover, I witnessed that the norm is to start the evening by consuming XTC, Cocaine, and then Crystal Meth. After about an hour, marijuana is smoked, followed by LSD. XTC is then repeated to allow the "high" to continue for at least two days. GHB, Ketamine, Heroin, and Rohypnol are all used as "landing gear." The landing gear is consumed to enable to person to sleep, after being unable to do so because of the amphetamines in their system. This is how the majority of overdoses occur. In the party/drug scenes, it is their belief that authorities should not be called when an overdose occurs. This is done for several reasons: (1) they believe that a drug overdose can be slept off; (2) they will accumulate medical bills; and/or (3) that they will be arrested. The latest club remedy for a GHB overdose is to give the victim sugar. As extreme as this situation seems, it is very prevalent. These events usually have several thousand attendees and I would estimate that about 90% of the people are using drugs. By attending these events and observing such actions, I stay current on drug trends.

It is obvious that the problem is out of control. However, an opportunity has presented itself that would allow the mindset of the younger generation to be drawn away from massive drug consumption. My methods and techniques are very unique and effective. I am willing to share these methods with our government in an attempt to combat this drug epidemic.

Again, thank you for this opportunity.

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Mr. MICA. Thank you for your testimony and I thank all of our witnesses today on this panel for participating.

During the last several years we have tried to dramatically increase the amount of money that is available for treatment and for education. Today's testimony makes me a bit concerned that the money is not getting to some of the programs that may be most effective. The administration had requested and we funded also a $190 million ad campaign which I think they have done some test programming of and I think we are tentatively scheduled to get back the initial results of those tests. I heard, Ms. LaBarge, you mention those ads briefly but I would like to hear your comments on the inability to get dollars to these local programs. Is it that they are going somewhere else in the State or the Nation? And what the problem is there; and then second, what about the tremendous amount of money that has been put into these drug ads at the request of the administration.

Ms. LABARGE. As far as the drug ads go, there has been a tremendous increase in the drug ad campaign, and right away the one that comes to mind is the little girl who is being asked all these things or telling what her mother has taught her and then the question is "And what has your mother taught you about drugs?" And she goes blank. The ads, I feel have been very, very effective. My only concern is sometimes these PSAs are shown at 3 a.m., and maybe the type of person who is up at 3 viewing PSAs or programs is not the one that is really concerned about whether they talk to their kids about drugs or not—I do not know. But I think it is not just sufficient to have the PSAs. They are excellent, but we also have to have more cooperation with the media as to when the PSAs are shown.

The second area that you addressed as far as the funding, Safe School funding has increased, but it is also, from what I understand, this year going to decrease, where they are cutting part of the Safe School funding to put it into other specific programs which address the middle school area, which is a very important area. However, from what I understand of the budget that is being proposed for the grants that are coming down in March, April, and June, that the funding will not be as much as it was this past year for Safe and Drug Free School funds. That is what I have been told, that the funding will be different and it will not be as strong. I am not sure whether that is the case, but I do believe it is.

Also with the Safe and Drug Free School funding, I think it is crucial and I do believe Secretary Riley is very strongly in support of this, that funding be tied to principles of effectiveness and to research-based programs. Funding has gone into California and other places and has been used for a yo-yo, someone coming into the schools and showing how a yo-yo can keep you off of drugs or jump roping or many other areas that are not proven to be research-based. There may be funding out there that is not getting to the right places or not being funded for programs that are effective. I think that is something that really needs to happen. So as far as I know now, there is supposed to be a decrease coming down, I am not sure whether it is or not, but this is what we have been told for Safe School funding.

Mr. MICA. Again, the totals are increasing. In education there is a 9-percent increase; in HHS treatment, there is 12 percent; and I have got the record of levels of funding 1981 to 1995, all of those years have been increasing. It was $2.6 billion for treatment, I think we are going to be up in the $2.8 billion range. Most of the increases in most of the Federal programs have been limited pretty much to cost of living. There are exceptions to that 3 percent of whatever we have been running, in that range, sometimes 4 percent.

I am a little bit disturbed to hear that we are appropriating more money and it is not getting to the programs that are effective. So we will—in fact, we will ask staff to conduct a little investigation of where that money is going.

We also have the problem of block granting, or the question of block granting versus getting the money to specific programs. And the Congress has been trying to block grant and put not as many strings and get the money to the State. I think we need to look at the amount of dollars coming into Florida, and you are telling me also that you think California and some other areas have gotten more, is that what——

Ms. LABARGE. No, what I am saying is I know that some programs, the Safe and Drug Free School funding has been criticized in some areas and in some papers, for example, out of the Los Angeles area, because they said they did not use the funds to do programs that were research-based and showed the principles of effectiveness.

As far as funding coming down in block grant, I feel that Safe and Drug Free School funding needs to go directly to school districts and I think it needs to be tied directly to doing programs that affect drug education and drug prevention. There are many school districts that do not use their funds in the way that I believe it is intended for them to be used. And that certainly is the case in central Florida.

Mr. MICA. Let me sample some of the other panelists. Mr. Perkins, what about the money we are spending on the drug ads and the increases in treatment and other areas? What would be your emphasis, how would you recommend we spend these dollars?

Mr. PERKINS. I would be more target-specific on the PSAs, you are missing a whole generation. There is a generation out there that is doing what is called poly drug abusing, all the drugs I listed, ecstasy, GHB, Ketamine, euphoria, meth and a variety of inhalants. They are doing them every single night in abundance.

We need to address those issues and tell the kids and young adults that these drugs can kill you and will kill you. GHB, I was at a Rave event 2 weeks ago and after the event was over, I walked the parking lot—this was the next day, they last 20 some odd hours—the next day, I walked the parking lot and was talking to a couple of individuals and I asked each one of them who does GHB and the majority of them said we do. And I started talking to them about it and I asked each one of them, I said what is in GHB and every single one of them said amino acids. And in 1990, they would have been correct. GHB was banned by the FDA in 1990. GHB that is being sold on our streets and in our clubs and in our Rave events, the active ingredients is engine degreaser, mu-

riatic acid, vinegar and distilled water. I told those young guys and girls that and they were floored, they could not believe it.

The misinformation that is out there is unbelievable. Like I referred to landing gear. Landing gear is what brings these young guys and girls down after they have been up for a couple of days because they cannot sleep. Come Sunday night, they have to sleep either to go to work or go to school the next day and they will be sold GHB, heroin and Ketamine to allow them to sleep. And what we are not telling these guys and women is that, look, you have all these amphetamines flowing through your body, when you dose that heroin the dealer is going to give you to make you sleep, you are not going to feel the results you desire, but in reality, your body is actually having the results. So they always redose and then you have your overdose.

We need to get the message out to call the paramedics, call fire rescue, call the police officers, because it is the norm, I see it all the time, they leave them laying where they lie, put them in a car, put them in a bed and just let them alone. We need to start being very target-specific.

I went to a Zen fest in Pasco County, there were 14,000 people there, I was there. And I am here to tell you, 90 percent of the people were on some type of hard drug. We had 35 overdoses, all treated with advanced life support. So we are missing the boat on our target audience with PSAs.

Mr. MICA. Ms. Trotter, you said that your goal in 1999 is to try to do more with the government entities, I guess particularly the public programs. How can we assist you—one of the problems that we have is that when you do a Federal program or participate in it, is all the reporting and the red tape and the other things. How can we assist you without getting in your program and running it and controlling it in an effective manner and not lack accountability?

Ms. TROTTER. The best way to assist a faith-based program that does not take funding and therefore sets up the accountability that way is to provide forums for speaking and platforms for speaking so young people like Mike can get up and say this is where I was, this is where I am today; as well as information. When I talked to our counselors just before coming here, I asked them what their biggest frustration was as counselors and they said there is not enough emphasis put on prevention, that most of it comes from the place of crime prevention. So we need both, we need laws set up that once the law is broken, there is severe penalty, but we need also the venue on the front side to educate families and to educate—and I am telling you when we had Scott come and talk to us, our families were blown away at what their children were involved in. They had no idea. And every one of those children, when Scott asked, responded that they knew exactly what Scott was talking about.

So the best way to assist a program like ours would be to allow the platform; one for education, maybe the Sheriff's Department has someone who goes around and speaks to programs—to educate on what is on the streets today. We do not want to wait for it to hit textbooks, then it is too late. And also to allow the platform for

speaking so that we can give back to the community. That is really our heart in it, is to give back to our local community.

Mr. MICA. Mr. Visser, you said that you have actually had to reduce I guess your beds or the size of your program. Where do you see the Federal and State money going? Is there some lack of attention to these basic programs that you are conducting? Do you see it going in other directions? How do we—what do we do and where are the funds most effectively used in your opinion?

Mr. VISSER. Well, I think what we see on a regular basis over a period of years is base funding, which, you know, we call our foundation of major State and—generally State funding—is it erodes each year. Since 1990, probably 6 out of the 8 years, we have gotten some kind of a percentage decrease in our core State funding. Now the funding that comes to us—the Federal money that comes to us in the form of block grant is mixed in that formula somewhere too, so whatever you are sending us in block grant offset by State reductions has not kept up with maintaining the status quo. The other types of Federal money that are available to us of course are in grant programs and I guess, if anything there, my observation is it is splintered. You know, we have put together funding in programs from Departments of Community Affairs, Departments of Education, Departments of Children & Families, Departments of Juvenile Justice, Departments of Corrections, Governor's Office—all that gets very complicated—Medicaid. Each one has its own body of rules and regulations and reports and, as you can imagine, at the program level, it is complicated and expensive to do that, let alone at the administrative and governmental level that has to filter all that stuff down to us. And you know, in a way I suppose we could be thankful that some kind of prevention and treatment money has infiltrated that many departments of government but we have got to unify that somehow and coordinate that and begin to unify procedures.

I do a background check on my employees and I have got to go look at what the funding source is in order to determine who to satisfy with the background check. And you know, we are all trying to protect the same children but they have different requirements, is just one small example.

Mr. MICA. Sounds like administration and red tape is taking quite a bite out of it, not to mention the paperwork and all you must face. That may be an area that we need to pay a little bit more attention to as far as trying to streamline that process, although it is very difficult from our level. Any time you try any consolidation, you run into great opposition, any time you try to reduce the administration or levels in this programs that sometimes start in Washington, go to Atlanta regional office, Tallahassee and then down to the local level, you have all these layers of opposition to make any changes.

Mr. VISSER. I will say, Congressman, that the recent boost in Federal block grant funding, we received an additional $24 or $28 million coming to Florida, does look like it is going to make a difference in the communities, and you must have surprised somebody with that one, they did not find a way to absorb it in some other pool before it got to us.

Mr. MICA. It is very difficult from our standpoint, but we are trying to turn this around and also provide the flexibility so that these programs can operate locally and even participate with some of the private sector programs to give them whatever support we can because they also have been very effective.

I have more than exceeded my time, let me now yield to my colleague, Mr. Ose.

Mr. OSE. Thank you, Mr. Chairman, I would be happy to yield additional time.

Mr. MICA. No, no, we are behind schedule.

Mr. OSE. A couple of questions, if I may.

Detective, what happens in a Rave? Just take me through——

Mr. PERKINS. At an event, sir?

Mr. OSE. Yes.

Mr. PERKINS. OK, what a Rave is, a Rave is typically an all night dance party where people go to enjoy a variety of music—house, break beat, ambient, jungle and cosmic.

Mr. OSE. Ambient, jungle, costumes?

Mr. PERKINS. Cosmic.

Mr. OSE. Speak English to me here.

Mr. PERKINS. It is just the various music that they go to listen to. At the event, deejays, they spin the music——

Mr. OSE. The music type.

Mr. PERKINS. Yes, sir.

Mr. OSE. OK.

Mr. PERKINS. And you have anywhere from 4 to 5, maybe even 10,000 people at these events and when they are there, they do a variety of drugs at these events to enhance the Rave experience. And what has happened along the way is misinformation has guided the people who have just come up into this arena down the wrong path of poly drug abuse and dying and having overdoses by the dozens at every event.

I was involved in this since 1991 and in 1991, that was not the case. And as you read in my statement, I mention it, there is an opportunity right now to sway the mindset of the younger generation, if it is done properly, away from this massive drug consumption, because right now there is a solid division in the community where people are getting sick and tired of the drug overdoses and other people who are still misinformed. So if you use the proper technique and vessels to get your message out there to the target audience, I think you would be very effective.

Mr. OSE. So you are saying, back to Chairman Mica's question, that these PSAs are currently missing that part, I believe was your phrase.

Mr. PERKINS. It is not even coming close, sir.

Mr. OSE. All right. Let me go on, if I may, Mr. Chairman.

Ms. LaBarge, you referenced California receiving a substantial amount of the Drug Free and Safe School Act money. That was a $5.7 billion bill and I am here to confirm that much of the money spent in the LA School District was used, for instance, on trips to Disneyland, magicians coming to the high school, presentation by a member of the Globe Trotters and the like. And I have yet to divine the connection between what we are trying to accomplish and the expenditure of those funds.

So if I could reference, for the staff's purpose, there was an article last spring in the LA Times about this particular expenditure pattern and I would be happy to have my people track it down and I am sure it is on the Internet.

Ms. LABARGE. I can tell you that we have never spent funds for incidents like that. And this is what I am saying, that you have got to have accountability, because it is not fair to other school districts that are doing the job.

Mr. OSE. Ms. Trotter, I have to say you stunned me, because in my experience in my district, I thought Families First was an organization based largely in the Central Valley with whom I have been working for a number of months and visiting with Evelyn Crall there, who runs Families First, her advice was that the connection between the various local government agencies such as CPS in one instance, juvenile authorities in another, the school districts, sheriffs, many times is lacking. I am wondering if that is the case. Have you experienced that and is there some means by which we can assist that collective effort actually being made a little bit more efficiently?

Ms. TROTTER. It is definitely our experience here, that there is such a separation between all organizations and if there could be a cooperative effort to bring them all together. And with Families First, one of the premises there is the separation just within the family. If it exists within the family, it definitely exists throughout our society, because the family is supposed to be the closest unit. We do need a coordinated effort. I am really not prepared to speak on that yet, I have some ideas that we run across with our families. One of the successes of House of Hope is that we mandate family participation, it is not optional. We never take what we consider throw-aways. That is a standard that we have within the course of the program, ending up with a child that we consider or term a throw-away because the family has just totally removed themselves from the program. That is definitely the exception and not the rule. So we work the families as hard as we do the residents in the program. They are in counseling as well.

So coordinated efforts like that, what we would like to see is to be able to coordinate more with the school, the school programs in particular. Mike went and spoke to his local high school at risk class not long ago and as a result of that, eight of them requested from their probation officers time off of their home arrest to be able to come to one of our Last Wave events as an alternative to the Rave. So I think that there could be a coordination between programs.

Mr. OSE. My major concern is the challenge that the confidentiality provisions impose as these agencies try to get together and work on a situation. So if you have thoughts about that, I would welcome having you call my office or give me your card.

Ms. TROTTER. That would be wonderful.

Mr. OSE. Mr. Chairman, two more questions, if you will, please.

I have read the material for the years that we have been dealing with this, particularly in the nineties, and I have tracked the nominal amount of money we have spent on treatment as opposed to interdiction and how that mix has changed over the years. And I have to share with you, and I may be completely off base and I am

happy to be corrected, I have to share with you that as I see treatment dollars going up relative to the overall budget, I am also struck by the material here, for instance, for Florida, an increased usage, whereas we have a relative reduction in the amount used for interdiction, we have a relative increase in the amount used for treatment and we have a relative increase overall in the amount of usage. There's something disconnected there and I am trying to figure out what the proper balance is.

Mr. VISSER. Well, you know, I have people ask me that question a lot from the public, saying hey, we heard there was more money in treatment this year or funding has gone up, have you felt the difference. And my typical response to that is we are scratching such a small—reaching such a small tip of the iceberg that, you know, a pretty sizable increase is not something we would be able to identify a change in terms of our local program statistics in terms of whether it is reducing the demand or anything, and we read the same——

Mr. OSE. It is empirical data is all that I am looking at.

Mr. VISSER. Right. We read the same things in the paper that you do and the same things in the research that, you know, experimentation usage has gone up. My believe with that is that some of that had to do with letting up on the prevention side and in my mind I attempted to differentiate some between treatment, prevention and enforcement as we do here on this panel.

But, you know, there was a heightened level of spending as well as level of public interest in the late eighties with drugs being the problem and with prevention, and I think we were getting the message out at a number of levels. We had the "Just Say No" campaign and a number of things. People get tired of hearing the same thing over and over and the more we talk about getting tough, the more I think we begin to redefine the problem somewhat. In our own experience of our own organization, the opportunities for growth in programs have not been so much in substance abuse as they have been in juvenile justice and other areas that are related to youth problems. And in a sense, in my mind, we have redefined the youth problem more in terms of a criminal justice, a youth criminal justice model than we have in substance abuse, and so in our own organization's mission we go into juvenile justice because we know that is where the drug abusers are.

I am with the rest of them, one of the things that we hear over and over in our treatment programs from our kids is we need to get tougher on drug users and dealers and so we are getting tougher on them, but we need to make sure in the meantime that we are not losing the focus. We can't just lock them up, you have got to lock them up and treat them and have other sanctions.

Mr. OSE. It is that balance, I am trying to find that point.

Mr. Visser, I would like to come back privately and have you explain to me your phrase "criminal models of addiction" that you used earlier.

My final question, Mr. Chairman, is: Detective, we have a serious Colombian heroin problem here in central Florida—this is probably too generic a question—but what is the attraction for the kids, is it price or is it purity or——

Mr. PERKINS. No, sir, not at all. The attraction for the young adults, like I just told you, is being able to bring you down after you have been up for several days, but what they do not realize is that even though they snorted, they no longer have to inject it, it is still a very addicting drug. You and I go out this evening and if we do ecstasy and meth and all that and we stay up a couple of days, we are given heroin to come down so we can go to school, but what we do not realize is that by ingesting that heroin in powder form to bring us down, that we are going to become addicted that way and now you progress up and start to shoot it. That is why you get all your young addicts.

Also, it is very glamorous. I do not know why it is glamorous, but in the Rave community, in the younger communities, it is very glamorous, everybody is talking about how cool it is to do heroin. You know, they need to be told exactly how deadly heroin is. You have to realize that not many people die from heroin overdoses. For every one death, there are thousands of users. On Semoran Boulevard, every morning, you go out there, we used to go out there and make heroin arrests, dealers selling to dealers, dealers selling to users, right in front of the McDonald's where the little kids were playing with their moms. The heroin problem in Orlando is out of control.

Mr. OSE. Do the people who are using the heroin understand the difference between heroin say from the late eighties versus the purity levels that they get now?

Mr. PERKINS. I do not know. I do not even think they care.

Mr. OSE. They are just trying to get down so they can go to work or to school.

Mr. PERKINS. Yes, sir.

Mr. OSE. Thank you.

Mr. VISSER. I will give you a reaction from a group of kids I talked to yesterday in my treatment program in preparation for this, about that fear factor. I said, you know, do you not see people overdosing, do you not see people withdrawing, do you not know that you cannot tell what you are buying. The answer to that is yes, on all fronts. They see that stuff happening, they are scared of it, but the fear of it is not enough to keep them from using it. They will buy garbage and drink it down by the cupfuls and not even know what the effect is going to be and they will see somebody next to them dropping out on an overdose and they believe that they will recover and wake up. The fear alone is not enough to keep them from doing it.

Ms. LABARGE. If I may, I think it is also important to note that in the PSAs—and this is something that Scott alluded to earlier—if they see a heroin addict shooting up and then they smoke it and they snort it, then they cannot relate the danger. And that is one reason why the PSAs have got to be realistic.

And if I may just make one comment. A little while ago, you asked a question and I had a senior moment—I do not know if you ever had a senior moment——

Mr. OSE. I have junior moments. [Laughter.]

Ms. LABARGE. When you asked the question about the Florida Safe—not Florida, but the Safe School money, the funding. The difference has been that about 2 years ago, they attached violence to

it, so now we have to use the Safe School funds not only in the area of drug prevention, but it's Safe School and Violence—it is for drug and violence prevention. So the funds that we were using before which was totally used for drug prevention now are being divided so that the law states it's a Safe Drug Free School and Violence Prevention Act. And we have to do violence prevention which is getting more play than the drug prevention is, under that funding.

Mr. OSE. Mr. Chairman, you have been very gracious to this freshman and I appreciate it.

Mr. MICA. Well, thank you.

I want to thank our panelists. We would love to spend much more time with each of these witnesses that we have had today. As you can tell, we have to do sort of a sampling, and it is unfortunate sometimes to the public that Federal hearings are conducted in this manner, but there are certain limits to the number of folks that we can have testify.

I am going to excuse this panel, but you are welcome to stay seated and I am going to open up the hearing to our fourth panel, which is the public. And we have had some requests, we are going to try to accommodate them for individuals who would like to make some statement or comment.

The first individual that we are aware of in the audience who wanted to speak is Tinker Cooper from Orlando. And Tinker had a son, 26 years of age, who died in a 1996 heroin case. If you could come up, identify yourself and you are recognized. And I also understand that you, with some other parents who have been so affected in your lives, have banded together and produced a video and also some other education and information resources that you wanted to make us aware of.

So you are recognized for an introduction and comments and we will view that.

STATEMENT OF TINKER COOPER, ORLANDO, FL

Ms. COOPER. My name is Tinker Cooper. My son, Joe Stevens, died at 26 from a heroin overdose 3 years ago.

A couple of months ago, Captain Ernie Scott from the Orange County Narcotics Division called and asked if I would help make a video on the drug overdoses in Orlando and the central Florida area. I took my friend along, Jackie Thompson, and we made this video.

In working with the families, notifying the families of children in the video, Captain Scott realized what a mess everybody was, so together we started a support group for families, not just for mothers, but for families of overdose victims. It is not just a support group, we plan to go out and take this video everywhere we can get it—schools, private and public; rehabs; Narcotics Anonymous; Alcoholics Anonymous; doctors offices; businesses; anywhere we can get this thing in. We were interviewed Tuesday, Jackie and I, by CNN. They did not see the video because it had not been released yet.

Hank Curtis from the Orlando Sentinel is starting to write articles about it. I understand Newsweek is supposed to get ahold of me. So we are starting to get the word out.

Today, we have the video. It is an edited version because a few families have not given consent to having their children's pictures in it. So bear with us, there are a couple of little blips of black, one period is a pretty long black area where Jackie—there is a voice over of Jackie talking but there is no picture because we have not gotten permission from the family yet, but we felt this was a very important forum to present the video and get people's reaction. At the end of the video, there are some phone numbers for the Narcotics Division, Center for Drug Free Living, as well as the Speak Out Hotline, if you want to write those down. Any way to contact us, we also plan to get very involved politically, we are going to get our face in front of every politician we can possibly get to, to get something done about the drug problem here in central Florida.

The video is called "The Party is Over." We are not doing the whole thing, there are some pictures in the beginning, there is a speech by Kevin Beary that we are not using because we are short of time right now. So we are just starting with the meat of the thing, and hopefully you will play the entire thing.

Thank you.

Mr. MICA. Thank you, Ms. Cooper, and if the staff will go ahead and play the tape.

[A videotape was shown.]

Mr. MICA. I would like to thank Ms. Cooper for providing the committee with that tape. It certainly demonstrates the incredible personal tragedy that you have experienced, many others in our community, and the absolute horror of this whole drug epidemic we are seeing in our community. It also impresses upon me the enormity of the task that we have on our subcommittee in launching an effort, which we hope will be effective, so that we do not have to see instances like were so graphically displayed here today. So I appreciate what you have done in bringing this to the attention of our community and to others and also to this subcommittee of Congress.

Ms. COOPER. I would just like to say one more thing about that. It is very graphic, these are actual crime scene photos and some of them are very bad. But just maybe if a kid is approached about drugs, these pictures will flash through his mind, whereas I do not think this is an egg—this is your brain on eggs, I do not think that is going to really stop them from doing drugs. But maybe these pictures will. This is death by drugs, it does not look like a good time.

I know it is graphic, but we do want to get it in as many places as we can.

Mr. MICA. I can assure you that whatever we can do that will be successful, we are going to look at what we have had successes with and what we are doing, what we have done in the past and what we can do in the future that will ensure success. And we thank you. We cannot do it all from the Federal level, it is going to take local heroes like you that have had unfortunately personal tragedies to help get this message to every corner of our communities across the Nation.

So thank you.

Did we have anyone else that wanted to make a public comment or presentation? Yes, come up.

And if you would, for the record, if you could identify yourself with your name, where you are from, and if you represent an organization.

STATEMENT OF MACKENZIE PAUSE

Ms. PAUSE. My name is Kenzie Pause and I am representing——

Mr. MICA. Could you spell it, please?

Ms. PAUSE. K-e-n-z-i-e P-a-u-s-e.

I am representing the Tatje family, who lost their daughter Christina this past July.

Mr. MICA. What was the name of the family?

Ms. PAUSE. Tatje. The Sheriff spoke about them earlier.

Mr. MICA. Right.

Ms. PAUSE. The morning of July 31st I will never forget. I got a call from the Tatje family and Christina had overdosed on heroin and we had tried to help her for the past few months. I went to the family, she was a close friend of mine—I went to the family and tried to help her. We took her to Life Streams which is an organization in Lake County, which is actually the only one I know of. I used drugs for 4 years, part of that time with Christina. Fortunately I came out of it OK.

When I came out of it, I tried to help Christina and she went to Life Streams and, you know, your House of Hope sounds great and I really hope it is helping a lot of people, but I think there needs to be more places like this. Life Streams did not help Christina actually. She went there, her parents believed me that she was using drugs out of hand. She went to this place, they gave her drug tests and she passed, and I know she was using cocaine and heroin. But drugs like that get out of your system pretty fast, I mean unless you are using it every day. I guess within 72 hours, they can be completely not detected by a test.

Well, they counseled Christina and she told them—of course, a normal drug user would—told them she was not a user. They continued to release her and led the Tatje family to believe that Christina was OK.

A few months later, she left her home to live with a boyfriend and friends that got her into heroin and then she overdosed with a mixture of a few drugs.

Basically, like Lake County is one of the places that the Sheriff said needed to be added, and being from there and when I was in high school, I know from personal experience that small towns like are in Lake County are just amazing how many drugs you could find there. Most people would not think of that, they think cities, but I think because there is nothing to do there, these places are just as important as getting out the education and, you know, prevention there also. It is pretty easy to find anything you want. I could find ecstasy especially in high schools, you could find that probably more easily than anything, more than alcohol or marijuana, you could find heroin or ecstasy, which I think is pretty sad.

And basically my first recollection of myself with drug education is the third grade, and in third grade, I was about an 8-year old or 9 year old, whatever, you are very easily influenced at that age and you will believe anything anyone tells you. And I remember an officer coming with the Just Say No program and of course all the

kids then were like yeah, just say no. And they really did not tell you what drugs did to you, they kind of showed you a few drugs, said drugs are bad, do not do them, and that was it.

As I got older, I do not remember, and there is not any other education that I received, and when I did ecstasy and I did other drugs, I did not know what it was doing to myself. I had no clue actually. And when I quit, I began reading stuff and finding out what these drugs did to me, and I had no clue. And I just knew then what I know now, you know, it could be so different.

And I think there should also be—I want to start going to schools and speaking about what happened to me and I think there should be more things like this, maybe volunteers. If there is stuff out there, I have not seen anything that lets me know that there is something I can do like that. I am going to have to find that myself. I think if there was more advertisements to get people involved that, you know, want to get involved, because I want to get involved, and there is nothing I know of to do. So I have to look into it myself.

People that have had first-hand experience, all the parents that shared their stories today and people like myself that have had—I know tons of people that know friends that this happened to and if they could get out there and speak their stories, I think that this is the best drug prevention anywhere. And the pictures, the more graphic, the more reality that is shown to children in middle school, high school age, I think the more that it will get out there to these kids.

Mr. MICA. Well, I want to thank you for your testimony and for your recommendations. I think it gives us some good insight into what you faced and what is going on in our community and also what we need to do. So thank you so much for coming forward.

Ms. PAUSE. Thank you.

Mr. MICA. I am going to excuse my colleague, Mr. Ose, who has to go all the way to Sacramento, CA in a few minutes, catch a flight, and we will see you back in Washington soon.

Mr. OSE. Thank you, Mr. Chairman.

Mr. MICA. But we will continue and it all becomes part of the record.

Could you identify yourself, please?

STATEMENT OF COLLEEN COOK

Ms. COOK. My name is Colleen Cook.

Mr. MICA. Colleen Cook?

Ms. COOK. Uh-huh.

Basically a lot of what MacKenzie said is very true. A lot of the things that were said today about we need to help young people. But the big focus that you guys were saying is "we," and when you said "we," what you meant is adults, people in suits.

But a lot of the people that were here earlier—I am 18 years old, I lost a friend to heroin. That is not how it is supposed to be. You should focus "we" to be a larger group.

The young people today, we can and we want to help ourselves. Nobody is going to reach out to the kids as much as people our own age. I mean when we are standing there in auditoriums with 300 kids, half of us are finishing our algebra homework for the next pe-

riod, we are not going to listen to the police officers that are saying drugs are bad. They are going to listen to the stories brought from kids their age who have been in the circumstances and understand it.

I think you should focus, like Mackenzie was saying, there is not a lot of programs really. I want to get out in the community, I have done a lot of public speaking in the past before this happened to me, and I am willing to tour to go to public schools like throughout the State. I am in college and I live in Tallahassee. I would love to go to the high schools and explain the story, what it is like to wake up and know your friend is dead, what it is like to wake up and have to call your other friends that morning and tell them their friend is dead, what it is like to call and hear their screams because they know their friend is dead. If kids heard that instead of drugs are bad, they would listen, they would not finish their algebra homework, they would not take a 10-minute nap during the lecture. There is not enough in schools.

We all had the Say No to Drugs in fifth grade, that is all we had. Ninth grade, they kind of did a little thing there, but there is the little drug week where they pass out stickers that say do not do drugs and everyone wears them and the drug addicts cut the "don't" off and make "do drugs," but that is not what we need. We do not need stickers, we need people coming to the schools speaking to the kids and we need people with stories and pasts similar to theirs.

Mr. MICA. I want to thank you for coming forward and also sharing with us your experience. I think that some of what we have heard today looks like we need to increase some of the programs in the schools and do a little bit more effective job. And we appreciate your willingness to even participate, not only here but in the community.

Ms. COOK. Thank you for listening.

Mr. MICA. Thank you so much. They are going to take your names and addresses, those who are commenting.

Yes, sir. Could you identify yourself?

STATEMENT OF KERRY WILENSKY

Mr. WILENSKY. My name is Kerry Wilensky, W-i-l-e-n-s-k-y. I am a treatment professional here in central Florida. I work for the State of Florida Department of Corrections in one of the local State jails doing treatment, substance abuse treatment for hard core criminal addicts.

My background is fairly unique. I have a B.A. degree in psychology, I have a Masters of science degree in counseling and psychology, I have a Juris Doctorate degree in law. I am a certified addiction professional by the Certification Board of Addiction Professionals of Florida. I am also certified in clinical hypnosis.

But in addition, I personally am a survivor. I had a 20-year history of addiction, and also had 5 years of heroin addiction, which resulted indirectly in 2½ years in the Federal penitentiary. So I think that personally and professionally I am qualified at least to address some of these issues.

My feeling, because I work in this particular area, is that the focus that we have done has been a little backward. My recollection

was that the budget, the Federal budget, for this year was $15 billion. Of that $10 billion was for the supply, interdiction and only $5 billion was from the demand side. I will tell you, Congressman, that you cannot prevent drugs from reaching those people. In this country today, the largest per capita drugs are in the penitentiaries. And if you cannot keep them out of an environment like that, I do not think you can keep them out of the environment in our streets.

But I will tell you if we can focus on the demand side, how long would you say Toyota would continue to manufacture cars and ship them to this country if nobody purchased them? They would find another market for them. And as Governor Martinez said earlier, these international cartels are so well funded and so good that they will find a market for them. Let them find another market other than our country.

The other issue I wanted to raise is I have a 19 year old stepson, who at 10 last night, I picked up from the county jail here in Orlando, who was incarcerated for charges as a result of drug use. I have very good insurance working for the State of Florida, yet I could not afford, and if I could afford, I probably could not find, treatment for that boy. However, once he becomes involved in the criminal justice system, there is plenty of treatment for him. And I think that is what Mr. Visser was referring to about his criminal-based treatment.

I think that it is a sad state when we have to have our young people get involved in the criminal justice system just to get some treatment or some help. My feeling is that if the Federal Government, with all of the money that they have appropriated now, would kind of look to put money into treatment and prevention rather than waiting for the criminal justice system to get involved, it would certainly benefit us individually.

As a taxpayer, I find it a little disheartening that we lock somebody up for a year and it costs anywhere from $25,000 to $40,000 a year, depending on the State, to keep an individual incarcerated. Yet it is only $12,000 a year to put them in residential treatment. It certainly is much more cost-effective.

In addition, recently the Department of Justice has published a 10-year outcome study of the drug courts that have been involved in this country. And my understanding, as I recall that particular publication, was that they have been 80 percent effective by getting these people before they get involved in the criminal-justice system.

So in my opinion, if we, as citizens, could focus on this rather than having to stand up and worry about bringing the drugs in, it would certainly be a lot more effective.

Last, I have an article here that I had published in the Orlando Sentinel on November 9 in the "My Word" column, which made the analogy of heroin as a serial killer. And I would like very much if this could be made a part of the permanent record.

Mr. MICA. Without objection, so ordered. Thank you.

Mr. WILENSKY. Thank you very much. And I do appreciate the opportunity to address you.

Mr. MICA. Thank you. Just a comment. The percentage of money spent on international programs, source country; for example, the 1998 enacted was 3 percent of the entire budget. It had been—that

is 1998 enacted, 3 percent of the entire budget. Back in 1991 when he was Drug Czar, it was 6 percent, so it has been cut by 50 percent. And treatment and demand reduction is now 34 percent; in 1991, it was the same 34 percent. And law enforcement is 53 percent and then interdiction is 10 percent. So those are the figures according to the National Drug Office. Thank you, sir.

Mr. WILENSKY. Thank you, sir.

[The information referred to follows:]

TO: House Subcomittee on Criminal Justice, Drug Policy, and Human Resources

FROM: Kerry D. Wilensky, Esq.

DATE: 1/22/99

SUBJECT: Permanent record for the Orlando field hearing

Please make the attached editorial from The Orlando Sentinel part of the record for this hearing.

KDW/dd

OTHER VIEWS

The serial killer among us

An article on the front page of the *Sentinel* on Oct. 2 may have gone unnoticed by many readers more interested in news about moves in Congress to impeach President Clinton and reports about the crumbling world economy. However, when I read the headline — "Deputies find heroin overdoses have lost shock value in Orange" — my heart dropped into my stomach.

I found it shocking to read: "Heroin overdoses are getting so common in Orange County that deputy sheriffs joke about placing special first-aid kits in local convenience stores."

Then on Oct. 28, there was an equally disturbing report on the front page that stated, "Agents think 1998 could be the worst year for heroin deaths in Greater Orlando since the drug arrived." The article went on to state, "Overdoses ... have become so common in Central Florida they fall into a pattern."

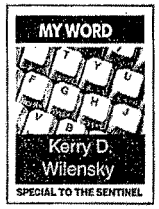
I also think back to another article on the front page of the *Sentinel*, on July 14, 1996. The headline on that article read, "Long out of sight, heroin is back — killing teens." There was a photograph of a beautiful, 18-year-old girl — an honor student — who died from a heroin overdose.

In the fall of 1996, Central Florida was outraged over the plague of heroin. Orlando Mayor Glenda Hood and Orange County Chairman Linda Chapin held community meetings; Gen. Barry McCaffrey, President Clinton's drug czar, headed up an inquiry panel; and the U.S. Congress sent a fact-finding committee to Central Florida to examine the problem.

Tragically, two years later, our young people are still dying from heroin overdoses. Nothing has changed — except that we have become complacent and desensitized. According to the Oct. 2 article, when Central Floridians were up in arms over this issue two years ago, seven teenagers died of heroin in less than 12 months. The article went on to state that the number of confirmed heroin deaths this year in Orange, Osceola, Seminole and Volusia counties stands at 25 — four more than last year. The number likely will increase.

Has the value of our young people's lives become so cheap that we care more about presidential infidelities or world economics than the health and safety of our children?

Do we need to have one of our own children or the child of a close friend overdose before we are willing to become involved?



Responsible Central Floridians need to hold our officials accountable for this travesty. We need to implement educational programs and build treatment centers for our young people. We need to care!

If there was a serial killer in our community who had slain seven of our young people in 1996, 21 in 1997 and more than 25 so far this year, and we knew who the killer was, members of our community would be so outraged that they would demand that our officials do everything possible to stop the killer.

There is a serial killer in our community; we know who he is; and, since 1996, he has killed more than 50 young people. His name is *heroin*. Isn't it about time that we cared enough to stop him?

Kerry D. Wilensky lives in Orlando. He is a substance-abuse counselor for the Florida Department of Corrections.

Mr. MICA. Yes, ma'am, if you could please identify yourself.

STATEMENT OF CHRISTINA MONTAIUTI

Ms. MONTAIUTI. My name is Christina Montaiuti, spelled M-o-n-t-a-i-u-t-i, and I serve as the clinical director of a treatment program here in Orlando that is called SAFE, Substance Abuse Family Education.

I would like to just present a couple of scenarios to this panel. One is of a young woman who recently died. She was a client of ours up until 2 years ago. She got caught after she got out with 250 pills of Tylenol II, and never got—got arrested for a few days, got off, never got charged because of some powerful attorneys. Because of that, she went back to the streets right away, started dancing at Rachel's and died. My question about that was how could a child—well, she was not a child then—how could anybody get off after having done such a thing, without any legal consequences.

And to that extent, working with adolescents all the time, I would like to ask a question. How come so many of the kids that we work with get off so easily and do not even get any consequences for their behavior once they get caught with paraphernalia?

Another small scenario that I wanted to present was that one of our counselors and myself served as volunteers at a local middle school and led a group for the school of young boys. We found out that several of these boys were already involved in heavy drug use, but because of confidentiality, we could not tell their parents. So really we know where these kids are headed, but we cannot address the issue with the parents.

I just wanted to make a comment on the advertising and what our kids say about it. They come in and I think the advertising, as I have seen it, against drug use, is effective for people that do not use drugs and will not, because it is effective with me, I remember it. But most of the kids who are going to use drugs are not going to look at something so unsophisticated as an egg on a frying pan. They want to look at something that will challenge them like the video games that they use all the time, something that is more stimulating to them and that would actually take their interest and hold it for awhile.

The last thing I wanted to say was that we offer, like the House of Hope, some public community education training and they are free. And they are actually some of the testimonies of the kids who have commenced the program, are still in the program or graduated from the program. And a lot of times, we find resistance in high schools because they say they are drug free high schools and they might be in a very wealthy area and so they have a hard time admitting that drugs might be a problem. We are not able to offer the service.

So those are the scenarios that I do not really have any answers.

The last thing I wanted to do was introduce a couple of the parents of the clients that we have in treatment. I am not sure if one or both wanted to share with you just a minute. Thank you for your time.

Mr. MICA. Thank you. We would welcome their comments. If you would identify yourself, please.

STATEMENT OF SANDRA MONROE

Ms. MONROE. My name is Sandra Monroe and I am the parent of a teenage drug addict.

Mr. MICA. You will have to speak up as close as possible.

Ms. MONROE. OK. I am the mother of a teenage drug addict. We are currently in this program called SAFE, and if it was not for SAFE, my son would be dead, I would be sitting in the same chair that the lady was there just before, who did the video.

I would just like to share with you, as Ms. Montaiuti did, the resistance, because my son and I now are far enough in the program that we can go out and talk to the community, and we do find resistance. The schools, they do not want to hear it.

I would love to see that it is mandated in these middle schools that not just the kids be talked to, the parents, because just like Detective Perkins said, if I had known—I had no clue what GHB was and my son did heroin. He has done every drug that you have listed, he has been at the Raves, started at 16, 14. Had I been educated, I cannot say I could have stopped it, but I certainly would have been helped.

And every time my child got into trouble, he was turned right back to me and said you deal with it, it is a parenting problem. Yeah, it is, and I made mistakes along the way, but there is nobody out there to help me and educate me. And the parents out here need help. These drugs are killing our kids. Let us talk to the parents too, not just the kids. I want my son to give back to the community and talk to the kids, but I also want to give back to the parents who have no clue what is going on. And we need your help there, we need you to tell the schools to let us in and have the parents there.

Thank you.

Mr. MICA. Thank you for your comments. I am glad that has been raised. I think the last time we came into the community, we heard the same thing and now maybe we can, at least in my position now, I will try to weigh in and see if we cannot get some of those programs into the schools and started a little bit better organized and on a more frequent basis.

Yes, ma'am. Would you identify yourself, please?

STATEMENT OF JEANETTE BABETTS

Ms. BABETTS. Hi, my name is Jeanette Babetts. I am also a parent of a child in the SAFE program. My daughter was put into treatment when she was 13, she is 14 now.

I would just like to reiterate what Sandra Monroe said about making it mandatory in the schools that parents know about the drugs. I was naive and as a parent, I did not want to admit my child could be doing drugs, just based on her behavior alone. So again, I would just like to reiterate what Sandra Monroe said, and thank you for your time.

Mr. MICA. Thank you for your comments.

STATEMENT OF TONY GOODWIN

Ms. GOODWIN. Congressman Mica, I have met you before, my name is Tony Goodwin. This is Jonathan Goodwin. I spoke to you at another meeting.

Mr. MICA. Yes, and can you also repeat your name?

Ms. GOODWIN. Tony Goodwin and this is Jonathan Goodwin.

He died on June 30, 1996 of a heroin and Rohypnol overdose. I spoke to you before, you shook my hand, looked me in the eyes, said you were sorry for my loss and you would try and do something.

It has been 2 years, I have been away from the central Florida area and I am back now. And I have to admit to you that nothing has changed. The only thing that has happened is more people have died and become addicted. And as a human being and a parent, you know, something else has to be done. It is really sad to think that these parents have to let pictures of their dead children go on the news, and that is the only thing that is probably going to reach these kids. It has come to that, it has come to showing dead bodies, it is coming to tell the stories of how my son was with his friends, they gave him the heroin and they sat there and they watched him and they figured after 4 hours, he was not getting back up, and they were right. He is still dead and things are still going on, more people are still dying.

And I really feel sorry about that whole thing, and I want to do what I can but it is going to take a whole community.

Another thing, when you have a meeting like this, Congressman Mica, I think you need to have it at night so that parents can bring their kids in. This should not be empty, this should be full of people because there are a lot of people hurting. And what is wrong with that? And I will put it to you the same way my son would put it to me—what is up with that? What is going on and why has this not stopped.

And that is really all I have to say, and I pray for all these kids out there and all the parents and just God bless us all because we are in a world of hurt right now as a Nation.

Thank you.

[Applause.]

Mr. MICA. Thank you. I will say just for the record the reason I am here and the reason you came back is because neither of us are satisfied with what has been done. The Speaker asked me to take on this assignment. For 6 years I wanted to be chairman of another subcommittee, but I felt that this was absolutely the most important thing I could do. I put my wishes and my past work on transportation aside and chose to accept the challenge he gave me. We have done some things, but as I said in my opening statement, not enough. And I hope as chairman—this is my first week chairing this subcommittee—that we can raise this not only to a community level, but to a national level. So that is why I am back here with you today, because I am not satisfied with where we have been, what we have done and where I saw we were headed. So we will be in this together, and I thank you for coming back and that may be what it is going to take, every one of us. Thank you.

Yes, sir, you are recognized.

STATEMENT OF VITO PISCHETOLA

Mr. PISCHETOLA. My name is Vito, V-i-t-o, last name is Pischetola, P-i-s-c-h-e-t-o-l-a.

Mr. MICA. Thank you, sir.

Mr. PISCHETOLA. Thank you.

I would like to say that I am here because I am a recovering alcoholic and addict also. And I work as a paraprofessional in the field and I work for a company called SAFE.

I suffer from the most deadly self-inflicting disease there is short of suicide and I would like to know how anybody can put a price on someone else's life when the money is there.

And another statement I want to make is it takes people a long time to make that transitional change. I have been using or abusing drugs for 20 years. I have seen people get court ordered to treatment for 30 days. Thirty days does not do nothing for nobody but clear the fog, if possible. I just want to know how they can just stipulate 30 days, 90 days, when it takes a lot longer, and it is a life long battle.

I am a survivor, but I keep on fighting every day.

Thank you for hearing me.

Mr. MICA. Thank you, sir, for your comments.

Yes, sir—ma'am, go right ahead.

STATEMENT OF DAVID DYER

Mr. DYER. My name is David Dyer, from here in Orlando and I am just here because I am an interested citizen. Let me give this to you.

Mr. MICA. Is this a formal statement?

Mr. DYER. No, that is not a formal statement, it is something I happened to have in my pocket and I heard you discussing with the former Governor earlier, Mayor Giuliani's stance on the methadone programs and that just happens to be an argument or an article concerning the fact that Mayor Giuliani has just reversed his stance on methadone treatment centers in New York City.

I happen to be a former investigator for the Texas Department of Health. I spent 3 years inspecting methadone treatment programs in the mid and late seventies, all in the State of Texas under contract from FDA for compliance with Federal regs. And I can tell you first hand that what these people are doing is the right way to approach this drug problem, which is to put 90 cents into prevention and 10 cents into law enforcement, and this problem, through education and treatment will go away much quicker. I think these people probably agree with me.

The answer is not going from 55,000 people in prison to 455,000 people in the last 10 years; the answer is prevention, education and in addition, doing away with some of the hysteria surrounding this problem. It is just like this sign, 99.9 percent of drugs save lives. The discussion here is about 1 percent or less of the drugs out there that are being abused and used irresponsibly by a small percentage of people. They need to be educated.

Written on that piece of paper that I would recommend to you and to the reporters here in the audience as they begin to write their articles is a book called "Drug Crazy" by a fellow named Mike Gray. Mike Gray is the author of "The China Syndrome" that came

out and was a movie just before the Three Mile Island incident. Mike Gray has done 6 or 7 years worth of research into the drug history in the United States and the history of the drug war and it would be well worth reading by anyone who is interested in a rational explanation of this problem, and some of the potential solutions in light of the fact that what we have been doing for the last 25 years apparently is not working.

Thank you very much.

Mr. MICA. Thank you. Sir, you referred to this Giuliani article here, "Reverses Himself on Methadone," did you want that in the record?

Mr. DYER. It should be in the record.

Mr. MICA. OK, without objection, so ordered. Incidentally too, I will be meeting with Mayor Giuliani next week and he will also be testifying before our subcommittee on the week of the 21st I think of February. So we are going to look at what he has done, we are going to look at all these programs and assess them, evaluate them and try to adopt what is effective and whatever it takes to solve this problem.

So I thank you, sir, for your time.

Mr. DYER. If you go back and take a look at the history of the approach to drugs taken by Nixon in the first 3 or 4 years of the seventies when the methadone treatment programs first became popular and were being implemented and look at the progress that is being made until the point in time that Nixon did not need that as a political issue any longer and reversed himself and started interdiction, and compare these two periods, I think you will be quite surprised at what you will find.

Mr. MICA. Thank you for your comments, sir.

[The information referred to follows:]

3. New York Mayor Giuliani Reverses Himself on Methadone

Six months ago, New York City Mayor Rudolph Giuliani horrified drug treatment experts by announcing that all patients receiving methadone at New York City hospitals would be weaned off in three months. Citing his preference for "drug freedom," rather than a treatment which "exchanges one dependence for another," Giuliani advocated an end to the treatment that most researchers call the best hope for countless heroin addicts.

Facing strong and immediate criticism, Giuliani characterized methadone's advocates as "members of the politically correct crowd" and went so far as to call Drug Czar Barry McCaffrey, who had recently advocated for increased availability of methadone "a disaster" (see http://www.drcnet.org/wol/051.html#giuliani, http://www.drcnet.org/wol/055.html#giuliani2, and http://www.drcnet.org/wol/061.html#methadone for DRCNet news coverage).

But on Friday of last week (1/15) Giuliani did an about face on the issue, in the face of the realization that what he was proposing was, in his words, "maybe somewhat unrealistic." In fact, in the six months since the change in official policy, only 21 of the city's 2,100 methadone patients (the vast majority of the 36,000 city residents using methadone are in state and federally funded programs) got off the treatment. Of those 21, five relapsed back into heroin use, according to city officials.

Giuliani now proposes that the city aim to move people off of methadone without forcing them off. "Suppose" he said, "instead of 63% of the slots being for keeping people chemically dependent, 63% of the slots were for programs that were for drug freedom. And we reserve 10, 15, 20, whatever we have to for methadone for those people who need to have a transition and for those people where drug-free programs just can't work."

People close to the story say the mayor also paid attention to the experts. "Several people in the methadone advocacy movement, scientists and researchers and doctors, had written letters to the Mayor," says Holly Catania, a senior research associate at the Lindesmith Center in New York, "and apparently, from his own statements, he listened to them. I think the methadone community, especially the patient community, is relieved to hear him publicly state that his goal of eliminating methadone was unreasonable."

Learn more about methadone on the DRCNet site at http://www.drcnet.org/methadone/, from the Lindesmith Center's online library at http://www.lindesmith.org, and from the National Alliance of Methadone Advocates at http://www.methadone.org. See The Week Online's interview with leading methadone authority Dr. Robert Newman, online at http://www.drcnet.org/wol/051.html#newman.

Mr. MICA. We have a lady here that wanted to comment.

STATEMENT OF SHIRLEY ZAGOREC

Ms. ZAGOREC. My name is Shirley Zagorec, spelled Z-a-g-o-r-e-c. I came basically because of the article that was written in the Orlando Sentinel. I am a citizen, do not represent anyone but myself, I came because I care.

I do not think it is right to judge everybody, and everybody is like back and forth. I sat back there—I am a free lance writer, I do novels, I do not do political writing, so my heart is pounding 1,000 miles an hour, but I sat back and listened because this is my first public hearing and I wanted to give—you know, I care.

My question as I sat down and wrote a lot of things was I hear everybody, I hear the statements, analyze who is better than the others, I hear a lot of facts, you know, numbers do not mean anything to me—give me the price of a car, tell me what my payment is. But people like, you know, Mr. Perkins, you know, those things touch my heart more because those people are out in society really helping. I think his statement was compassion, you know. I am a single person—I am not married, let me put it that way, I am 39 years old. These young kids come up here and just pour their heart out, you know. I have never done drugs in my life, never had a reason to, never saw it, came from a small town. My parents were great. So did I miss that scene? Yes. Was it an individual choice? Yes. I did not need it. You know, life can be up and down, there are a lot of problems. You know, the context of not Christian or whatever, I do think faith is something that we really need to work on. Education or whatever, I think those are essential things.

You know, I do not know if everybody is familiar with Danielle Steele, she is a novel writer, but her—she just put a book out, her son, 17 years old died, he was a manic depressive. You know, she raised nine kids during this process and the whole thing was she knew there was something wrong, the doctors said no, it is just growing up, it is part of being a child. For years, this went on and on and on. You know, finally there was a lady who cared—key point. I think when we start caring, we start wanting to do something.

I basically came here thinking OK, I am listening, now what can I do as a citizen. I have never done it, I cannot experience it, you know. This detail was very graphic and understandable, it helps me understand. In 1981, I was 20, people said they were smoking roaches, I thought "those bugs on the ground?" Oh, my God. Yes, I know—I am still naive about drugs. I have to read about it to understand it. You know, I have never done it.

Some of the things that I saw, you know, that was talked about, I do not think there is a right or wrong—well, yes, there is a right and wrong, but I do not think that one person is better than another, I think the money does need to go somewhere, I understand that. I heard a lot about money, money, money, but you know what, the bottom line is money does not buy the kids life. You cannot buy happiness.

I read recently, it was very interesting, we prepare for war all the time, we take money and build weapons, we prepare for war

on a daily basis. But how do we prepare for peace? You know, that is a different concept. What would we do.

So how can we help these kids? How can I help these kids, what can I do as a citizen, you know. I do a lot of volunteer work, I see the drugs, I see a lot of invalids, people who are left at home—that is awful, you know, devastating. The world needs help from a lot of volunteers who care and I think that is where it comes from, is my heart.

So am I stronger at some point like these people that say compassion? Yes, I believe that too. I do not think money is going to solve all the problems, I think it will help. You know, I think the people who are really sincere, it comes from the heart.

That is just a personal point of view, you know. I was encouraged by this. It was interesting and I learned a lot from it. I would encourage more people to come out and listen; if they care, that is what they will do. It is just that if you are not immediately involved in it, you do not do it. If you have never done drugs, you do not understand. I came because I do care and I came asking what can we do.

Mr. MICA. Thank you and maybe you have gained a little bit of insight as to what may be done in our community and across the country.

Sir, you wanted to testify?

STATEMENT OF JOHN PERKINS

Mr. PERKINS. Mr. Chairman, my name is John Perkins.

Mr. MICA. Perkins?

Mr. PERKINS. Yes, sir.

Mr. MICA. Thank you.

Mr. PERKINS. Mr. Chairman, I am a retired police captain from Tampa, I am also an educator and I know both sides of the issue——

[Interruption from public address system.]

Mr. MICA. I am sorry, would you start over?

Mr. PERKINS. My name is John Perkins, I am a retired police captain from Tampa and I am also an educator, head of the—Director of the Police Program at Brevard Community College. So I have covered both aspects of this.

There is a saying going around that if you arrest a murderer, you take a murderer off the streets. If you arrest a drug dealer, you create a job opening. And there are dozens and dozens of drug dealers out there waiting for that corner to open up. So there certainly needs to be a lot of emphasis on drug enforcement.

But I really think that if you harken back to what most of the parents have said here today, it is education, the parents did not know. They do not know what is out there, they do not know what their children are exposed to. There is emphasis today on the question as to are the PSAs working. Well, if you will notice, most of the PSAs, the message is parents, talk to your children about drugs. But what these parents are telling you here today, Congressman, is they do not know what to say to their kids about drugs. There is no education out there for the parents to intelligently discuss the possibilities of what could happen to them if they use these drugs.

As my son—and that is my son up there—as he said earlier, there are people out there that will talk intelligently to these children about drugs and that is the drug users and that is the drug dealers. And I think if you put the emphasis on education and treatment, I think that way you will eliminate the job possibilities of the drug dealers.

Thank you.

Mr. MICA. Thank you, sir, we appreciate your comments.

We have another lady here. If you could, ma'am, identify yourself for the record. Thank you.

STATEMENT OF DEBBIE SMITH

Ms. SMITH. My name is Debbie Smith.

Mr. MICA. Did you say Debbie Smith?

Ms. SMITH. Yes.

Mr. MICA. OK, thank you. Just take your time and tell us what you would like.

Ms. SMITH. I am sorry, my daughter died.

Mr. MICA. You had a daughter that died from a drug overdose?

Ms. SMITH. Two months ago.

Mr. MICA. Two months ago.

Ms. SMITH. I just happened to see the announcement on Channel 2 that this meeting would be today and I told my family, I have got to come. I brought my sister and I am sitting back here trying to get my nerve together.

Mr. MICA. Well, we appreciate your coming out and I know how difficult it must be for you.

Where are you, what city, ma'am?

Ms. SMITH. I live at Ormond Beach.

Mr. MICA. Ormond Beach, and you took the time to come over, which we appreciate that. We have heard today that almost every community in central Florida has lost children, young people and adults to heroin, to cocaine, to other drug abuse. We know how difficult it must be for you and appreciate your coming forward.

Do you have any specific recommendations?

Ms. SMITH. Yes, I do. My daughter, Jacqueline Smith was 24 years old, she was a nurse, she had a house, she had a job. She fell in with the wrong crowd at a depressed time when her boyfriend left her and within a year she was dead. She lost her house, she lost her car, she lost everything.

One thing you ought to talk about today and I have not heard, she was 24, she had no insurance. I could not get her service anywhere, I took her to the State, they sent me from department to department. I went all over the Justice Center in Daytona Beach trying to get that girl some kind of service, they said I am sorry, you are too old, you do not qualify, I am sorry, you do not have a child. If you were pregnant or if you had a child, we could give you anything you need. She said do I need to get pregnant? They said we would prefer you do not. I taught that kid all of her life, I said you act responsibly about your body and what you do with it.

She went—finally we got her into a treatment center, they would not give her mental health counseling because the two of them are not combined together—they should be. I got her to a counseling program, they would not treat her, they would not talk to her on

the phone, they sent me back and forth for months before I could get something coordinated for this kid.

She had a bad moment, she fell off the wagon, she felt she could not recover herself and she was dead within a week. She had been coming back, she had been looking forward to the future and just like was in the video—it is not too graphic, we look at Terminator II all the time, movies are much worse than that. I have a shirt in my laundry room that has got blood on it. I never understood what the blood was from, now I know from the video what exactly happened to her. I have not gotten my crime scene photos back yet and she has been dead for months. I cannot get a report from MV, I cannot get a report from the Sheriff, nobody is going to help me do anything, I am caught in the middle. I have not found anybody in Volusia County that can help me as a parent, as a victim or—what am I? They came to my door and said I am sorry, your daughter is dead, goodbye. They can give you a counselor or a—no, not a counselor, a preacher, we will be glad to help you. Well, I have not heard from anybody and it is 2 months, my whole family, we have been trying to come to grips with the whole thing.

To me, where we are is insane. I keep calling these people saying why am I caught between you two people, can you not tell me anything? There is nobody, to me, that is helping me coordinate what has happened to my daughter. They know the people, they know the situation—it is what was in that video. And she was never raised that way, to be like that. She fell in with a group that let her lay there for multiple hours, play the situation out. And they cannot decide what to put on the death certificate, they do not know if it was a suicide or it was an actual overdose. I am caught between the two. That is a fun thing to live with through with the holidays.

So all I would like to say is I would like somebody in our neck of the woods, even in the State, to coordinate the mental health and the drug rehab thing and get it so we can have access to it over there.

Thank you.

Mr. MICA. I thank you for coming out and I know how difficult this has been for you personally. I think you have also commented here today on the need for better coordination and we will look at that. We heard the same thing from some of the panelists, so we—our job is to look at what is being done, what is not being done and then see if we can improve the situation. But there is no question the incredible impact this scourge has had on so many families and parents and loved ones in our community.

I do not see any further requests for testimony at this time.

I would like to take this opportunity to thank each and every one of you who has remained through the full hearing and who have participated in the hearing, whether in the audience or coming forward today to provide testimony. It is my hope that we can turn this whole situation around. We have seen in our community the ravages of illegal narcotics and drug abuse and the need for better programs, better emphasis, better utilization of our resources and also making this whole situation public and that is part of the reason for the hearing and one of the reasons that I wanted to start

here in our own community before we get wound up with the hearings in Washington and across the country.

So again, I thank those who participated, our staff from Washington and others who have been with us.

There being no further business to come before the subcommittee, I hereby adjourn this meeting.

[Whereupon, at 2:53 p.m., the subcommittee was adjourned.]

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